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WEDNESDAY, AUGUST 11, 1841.

No. 1.

BAD EFFECTS OF BREATHING IMPURE AIR.

BY DR. ELMORE.

NOTWITHSTANDING the various inventions and improvements which distinguish the age we live in, it is lamentable to observe what little attention has been paid to the ventilation of apartments in which we are destined to pass the greater portion of our lives, and in which a constant and well-regulated supply of the element we breathe is so essential to mental enjoyment, as well as the sustention and prolongation of life.

This inattention can only be accounted for either by the want of education in the major part of that class of persons who call themselves builders, and who content themselves with executing their work, and getting it off their hands with as little expense and loss of time as possible; or an apprehension, on the part of those who aspire to the more elevated designation of architects, that the introduction of anything new would expose them to the charge of a want of taste, or of that acquaintance with the style of the ancients to which it is the fashion so strictly to adhere, imitation being, in their opinions, more deserving of commendation than originality of design, or a desire to meet the improvements of the age; and fashion, of more importance than health. If they construct our doors and windows in so superior a manner as to exclude every possible particle of air, they flatter themselves with having attained an advantage to which the inhabitants of ancient Greece and Rome did not aspire; and when they arrive at that degree of perfection which will enable them to exclude this element altogether, they will, no doubt, be entitled to an increased meed of praise from medical practitioners, heirs-at-law, undertakers, &c. They should, however, recollect, in their apparent anxiety for imitation, that the ancient architects of warmer climates did not overlook the necessity of a free admission of air; and also, that a constant supply and free circulation of this element is as necessary for sustaining life, as a given quantity for the combustion of the fuel we require to warm our apartments: our builders, nevertheless, only provide for the latter, as if the former, although the more important, was of minor consideration; or, that they conceived the chimney-draught sufficient for both purposes, when in reality it does not answer that for which it is principally intended; as by far the greater portion of the heat generated in our open fire-places is carried up the chimney by sharp currents of air from occasional openings of doors, or such crevices as it may force its way through. It is, moreover, frequently productive of serious bodily injuries, particularly to

those of delicate frames ; while it cannot be sufficient for the purposes of wholesome ventilation, this air being colder than that already in the room, is consequently of greater specific gravity, and must form a lower stratum, not unfrequently felt by those placed round the fire, suffering from an undue proportion of heat at one side and of cold at the other.

It should also be borne in mind, that the openings of our fire-places being seldom more than three or four feet from the floor, the upper stratum of air which we breathe is neither removed nor purified by this under current, and must, from being breathed over and over again, be productive of most prejudicial effects, and that the contamination of this atmosphere is considerably augmented at night by the combustion of lights. It has been ascertained that the quantity of air breathed by an ordinary-sized person is about two thousand cubic feet per hour ; and that two mould candles consume as much of the oxygen of this air as a human being ; and that the nitrogen and carbonic acid gas which remain are peculiarly inimical to animal life, and that when carried up by the currents occasioned by combustion and respiration, they form an upper stratum where they remain, and must be repeatedly inspired before they make their escape into the chimney, the only ventilating flue with which our houses are provided.

It should also be observed, that the heat thus generated is in proportion to the quantity of oxygen abstracted from the atmosphere, which enters into combination with the carburetted hydrogen of the flame of candles, coal-gas, oil, or other inflammable matter, from which light is produced. That every cubic foot of carburetted hydrogen consumed unites, on an average, with two cubic feet of oxygen (that portion of the atmosphere required to support animal life) ; and that the product of this combustion is about two and a half inches of water and one of carbonic acid gas, which, when inhaled in its pure state, proves instantly fatal ; and the greater the proportion we inhale, in addition to the vapors evolved from the lungs and skin, the more pernicious the effect.

Supposing, for example, that the perfect lighting of an ordinary-sized apartment requires fifteen cubic feet of carburetted hydrogen per hour, this would form about a pint and a half of water, and fifteen cubic feet of carbonic acid gas ; for whenever carburetted hydrogen gas is burned with oxygen, or atmospheric air, these are the products of the combustion, whether the carburetted hydrogen is obtained from wax, tallow, oil, or coal. If, therefore, this lighting continues in an unventilated apartment for seven hours, one gallon of water is produced, the greater part of which will be deposited on the walls, windows, furniture, polished metal, or other cold surfaces with which it comes in contact ; and to some articles of this nature it is known to prove highly prejudicial, in addition to the injury to health occasioned by an increased quantity of moisture, mixed with the air we breathe. As one of the principal functions performed by this air for the preservation of health, is to carry off with it a considerable quantity of vapor, in order to prevent its undue accumulation in the lungs, it is, therefore, evident, that after it has been already so loaded it cannot properly perform these functions, and that consumption and other complaints are thus frequently induced.

The prejudicial effects of carbonic acid gas (which is the same as the choke-damp of mines) as well as the nitrogen of the air, which is set free by the abstraction of the oxygen (and amounts in quantity to four times that of the oxygen), are well known, and ought by all possible means to be provided against. This has been attended to within the last few years in our public hospitals, and the mortality in consequence considerably decreased; and likewise in several of our manufactories and public establishments, where the diseases generated by the number of persons congregated in such establishments have been proportionably diminished. In the House of Commons, also, where hundreds of members, with hundreds of candles burning at night, tended so much to vitiate the atmosphere, important improvements in lighting, as well as ventilation, have been recently made; but in our domestic establishments little or no attention has been paid to this important subject, and the foundation of a variety of diseases must be the result, particularly from the foul air breathed at balls, or other crowded assemblies.

The confinement of air in our churches and places of public worship must also be highly prejudicial, as we are frequently exposed to an atmosphere, on entering one of these edifices in the summer months, ten or fifteen degrees below that of the external air, independent of the stagnant state in which it has been allowed to remain during a whole week, often vitiated, in a greater degree, by the gaseous matter evolved from human remains; and even in private houses much inconvenience is experienced from the stagnant state of the atmosphere in close and gloomy weather, as the entire basis of ventilation depends on the possibility of producing a constant circulation as well as supply of this element. Close stoves are also objectionable when made of iron, and heated to a certain temperature, as oxide of iron is produced by the powerful attraction of that metal for oxygen, and the formation of ammoniacal gas by the mixture of the nitrogen, which remains, with hydrogen, acting on our bodies and olfactory nerves.

But if stoves were constructed of masonry throughout, as in many other countries, or of fire-tiles, or porcelain plates, imbedded in mortar, with well-regulated flues, they would be far preferable to open fire-places; this substitution of imperfect conductors of heat being not only consistent with the soundest principles of economy in the preservation of heat, and its more uniform distribution through apartments, but more conducive to health than bringing the air in contact with iron stoves or pikes. Our desire, however, for polished metals in almost every department of our domestic appendages, united to the interests of the furnishing ironmongers, to whom these matters are usually left, must operate, in no small degree, in determining the prevailing taste for this commodity. Porcelain stoves may, nevertheless, be made sufficiently ornamental for those who prefer health to fashion; and when apartments are provided with well-regulated apertures and flues through their ceilings into the adjoining chimneys, to carry off the air vitiated by respiration and combustion, a sufficient degree of heat may be obtained with a sufficient supply of that element, without which it is impossible to maintain health.

The healthy appearance of those who pass the greater part of their

time in the open air, sufficiently indicates its advantages. Armies are also well known to have greater numbers on the sick-list when well housed, and what is considered comfortably settled in quarters, than when exposed in a campaign to the vicissitudes of the season for weeks and months, without any other covering than the canopy of heaven, or occasionally of a tent or hut, or the shade of a tree. These facts ought to satisfy us that we should admit the air as freely as possible, and provide, at the same time, for its escape through the ceilings of our apartments at all seasons of the year, as the temporary and often imaginary inconvenience of a little cold, when compared with the decided disadvantages of breathing impure air, is by far the lesser evil.

Where ventilation in large establishments or public buildings can only be obtained by artificial means, it is produced by pumping air in, or drawing it out, by a fan worked by steam, or other adequate power, and affording it the means of free circulation, either cooled, heated, or in its natural state, through well-regulated apertures in the floors, walls or ceilings; and in coal-mines, by flues or shafts, in which constant currents of air are maintained by the combustion of fuel or coal-gas. This system might also be easily introduced into houses already built by means of the existing chimneys, but with still greater facility, if our architects and builders were to direct their attention to these points when erecting new ones.

The importance of this subject has been frequently pointed out by scientific men of considerable eminence, without attracting that attention which would have been the means of preventing many persons from being imperceptibly hurried to an untimely end. It is, therefore, to be hoped that the powerful engine of the press will continue to lend its aid in exposing these evils, until it impresses upon the public mind, and more particularly upon our architects and builders, the urgent necessity of providing against them. Is it not possible to make the heat produced in the lighting of apartments available for their perfect ventilation? If any of these gentlemen succeed in so doing, they will be entitled to greater gratitude, for this achievement in the purification of an element so essential to the preservation of our lives, than any claimed by those heroes whose victories have contributed so much to the miseries of the human race, and the destruction of the human species. But we ought not, perhaps, to be so much surprised at the slow march of intellect in this respect, when we find so many centuries to have elapsed before it was so generally admitted, as at present, that pure water, another element bountifully supplied by nature, is preferable to any other beverage for insuring the health and happiness of mankind; and where we have so many temperance societies, and other advocates, for impressing upon the minds of our fellow-subjects the necessity of becoming converts to the imbibing of this element, in its pure state, ought we not with still greater reason to endeavor to make a similar impression as to the advantages of inhaling, with equal purity, the lighter fluid, of which we stand so much more in need, and which we so much more frequently require?—*London Lancet.*

CASE OF SUB-MAXILLARY TUMOR.—TRACHEOTOMY.

BY B. R. RAPHAEL, M.D., N. YORK.

JOHN ULABROPH, ætat. 21, milkman, born in New York, was admitted to the New York Hospital, May 23d, 1840, with a swelling under the lower jaw, which very much impeded his respiration. As far as could be ascertained, the first symptom he had of the disease was enlargement of the tonsils; one of these was removed last January. From that time a hard, but not very tender swelling seemed to spread, until it reached its present size. It occupied the whole sub-maxillary region from one ear to the other, and reached down to the os hyoides, which was depressed by it. In the buccal cavity it had encroached very much, so that the tongue was protruded and raised up. It was firmly fixed to the jaw and os hyoides. The patient could not open his mouth more than one third of an inch; deglutition was very difficult, and respiration exceedingly embarrassed. His face was very red, approaching round the lips to purple; countenance expressive of the greatest anxiety. The tumor had only affected his breathing for four days previous to his admission, and as he had not slept during the whole time, he was very drowsy. He could not endure the recumbent posture for a moment.

May 24th. Slept none last night; breathing even more difficult than yesterday, each act of respiration accompanied with a loud moan. In consultation, laryngotomy was unanimously advised. It was performed by Dr. A. C. Post, at 2 P. M., in the crico-thyroid space. As soon as a free opening was made, the air rushed in with a hissing noise, and with great relief to the patient. The edges of the wound were drawn apart with threads passed through the skin, and this tied behind the neck. A few minutes after the operation he had a paroxysm of coughing, and threw out of the opening a large quantity of mucus. Soon after this he fell asleep, and during the afternoon was comfortable; occasionally, however, throwing up a quantity of bloody mucus. He slept soundly until 4 o'clock next morning.

25th. Countenance improved; breathing easy, about 20 per minute; feels quite comfortable; bowels opened in the evening by an enema.

26th. Slept very well; breathing very easy; nearly every hour since the operation he had a paroxysm of coughing, in which he would throw up blood mixed with mucus; after the paroxysm he would be comfortable. The tumor having previously been moistened, was touched to-day with the solid nitrate of silver.

27th. Doing extremely well; appetite very good. Is allowed milk and soft custard, which he swallows easily. A canula was introduced into the opening in the larynx; at first it created some irritation, which soon afterwards subsided. It remained in until 12 at night, when it became clogged with mucus and was removed.

28th. Canula introduced again early in the morning, and kept in until 3 P. M., when it was removed, cleansed, and again re-applied—kept in until 10 P. M.

29th. Canula introduced again.

30th. The tumor coated over with tinct. iodine; canula still remaining.

June 8th. Keeps the instrument in for 24 hours without any difficulty.

10th. After removing the instrument to be cleansed this morning, the granulations seemed to swell and close the opening, and nearly stopped his breathing. It was instantly put back again, and he breathed with ease.

15th. The tumor under the jaw has diminished very much since last report, and has become softer. It would probably present no difficulty to his breathing now, but there exists in the back part of his mouth a large projecting tumor which seems entirely to close the fauces. He opens his mouth so little yet, that the exact nature of the tumor cannot be ascertained.

19th. To-day he hawked up from the back part of his mouth a very large, bad-smelling slough, of a grayish color, and as large as a good-sized oyster. After the discharge of this slough he found he could breathe more easily through his mouth. It was not accompanied or preceded by any discharge of pus other than the usual muco-purulent discharge. On examination of the fauces, a small pendulous tumor can be seen on the base of the tongue, which has its origin on the right side, anterior to the tonsil. Posterior to this, and where the tonsil should be, is a cavity apparently the situation from which the slough proceeded. The external swelling has almost entirely subsided.

30th. Since last date he has improved rapidly. By closing the orifice in the trachea, he is able to speak, whistle, blow his nose, and breathe freely. His general health is pretty good. Since last report he has been out of bed most of the time, and several times out of doors. The sore is contracting. Granulations touched with caustic and dressed with simple salve.

July 1st. The tube was removed to-day, and the orifice allowed to commence healing.

3d. The orifice has closed, and he breathes freely through the natural passage.

9th. There is some slight increase of the swelling. Tinct. iodine applied over its whole external surface.

16th. The swelling has continued to increase very rapidly. It is principally confined to the parts immediately under the tongue and the anterior part of the jaw. It is very hard, but not painful. It does not yet affect respiration. On the 13th a dozen leeches were applied, but with no marked benefit. Ordered tobacco poultice.

20th. Tumor has not increased a great deal. He feels a throbbing pain in it to-day for the first time, and says he had occasional rigors all day yesterday. All kinds of local applications were made without benefit; leeches, blisters, ung. hyd. pot., &c.

Aug. 4th. After a consultation, two deep incisions were made on the left side of the jaw, and one on the right side, penetrating through the genio-hyoid fascia. These incisions bled very freely, and it was necessary to apply nitrate of silver to their surface; lint wet with cold water was then applied, and afterwards a large poultice. These measures were attended with but little benefit.

9th. The tumor has continued to increase so much, that there is now

the greatest oppression of the respiration, and at times suffocation is imminent. Dr. Post opened the larynx in the same situation as before, and with immediate relief to his breathing. The disease still continued steadily to advance, pushing upwards and protruding the tongue, which was itself very much swollen. His bowels were kept open by laxatives; his diet was principally milk.

17th. Two incisions were made, one into each side of the tongue; they bled freely. This gave temporary relief. The patient breathes very easily through the tube. A bread and milk poultice was applied over the tongue and mouth.

23d. His condition is somewhat improved: the swelling has somewhat diminished, especially under the jaw. The incisions are nearly healed, and he is able to walk about the ward. He complains of severe smarting in that part of his tongue which is protruded. This was relieved by the application of linseed oil and lime water.

Sept. 16th. Last night a considerable hemorrhage took place from the mouth, about $\frac{3}{4}$ viij. of blood were lost, by which he was much weakened. On introducing the finger along the side of the tongue, it was imbued with a most disgusting smell, which could scarcely be washed off. He has now become much emaciated and feeble; he has also a severe catarrh, and the tube is almost constantly obstructed. His appetite continues very good, and he is able to be up occasionally for a time. The edge and lower surface of the tongue has become deeply ulcerated by the pressure of the teeth.

23d. Was attacked with severe diarrhœa, which weakened him very much, but was checked without much difficulty. His appetite lately has been enormous.

Oct. 2d. Without any change in the symptoms, he was found by the patients dead in his bed. For some days past he has appeared somewhat better; the tongue had diminished a little, but on the lower part the progress of ulceration and sloughing had nearly separated it.

Post-mortem Examination.—Emaciation extreme; the whole of the tongue back to its root was greatly enlarged, and of a cartilaginous hardness. The under surface of the tongue was much destroyed by ulceration and sloughing. All the surrounding parts were involved in an almost uniform enlargement and induration. The swelling was greatest on the right side, and had pushed the epiglottis backwards and to the left. The jaw against which this tumor had so long laid in contact, was very much thinned by absorption; and the teeth could not be brought together after all the soft parts had been removed, from the change in the ligaments and glenoid articulation. The edge of the opening in the trachea was slightly ossified, and the mucous membrane for an inch below the orifice was ulcerated, exactly of the shape and size of the side of the tube he had worn. There were no traces of inflammation of the air passages. High inflammatory redness of the cæcum, colon, and lower part of the small intestines. Head not examined.—*N. Y. Jour. of Med. and Surg.*

TREATMENT OF CLUB-FEET.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The respectful allusion, in a late editorial paragraph in the *Journal*, to what you call “the pressure system of treatment of club-feet in Philadelphia,” has had the effect which was probably intended, of calling the attention of the profession more generally to the subject, and is eliciting much discussion on the different modes of treating the various distortions of the limbs arising from muscular contractions or other causes. Two modes of practice are now prominently before the public: success in one, depending mainly on the free division of those tendons supposed to oppose the principal obstacle to the cure; in the other, the same object being attempted by the judicious application of machinery, by which, without much pain or discomfort to the patient, the muscular fibres are made to yield, and elongate, and the same result ultimately obtained as by the division of the tendons. Among the advocates of the first plan, are some of the first surgeons in this country and Europe, supported, probably, by the great majority of the medical profession; while the *mechanical* practice, as it is by some contemptuously called, finds its most able, and almost *only* advocate, in the comparatively silent labors of a single individual, Heber Chase, M.D., of Philadelphia; favorably known, however, as having very successfully cultivated this particular branch of surgical practice. An occasional report of his cases, without note or comment on the practice of others, with the accounts of his success as made known by his patients and pupils, seems to have disturbed the equanimity of a distinguished practitioner of the opposite system, whose labored communication in your *Journal* (page 256, Vol. 23), is the occasion of the few remarks that follow.

Dr. B. announces, with some apparent self-gratulation, that the “Orthopedic Infirmary” at Boston “has been regularly increasing in public estimation, and gives flattering omens of soon ranking among our most useful and humane institutions;” that during the two last years he has “divided one hundred and one tendons,” “and that now he has a very considerable number of patients waiting to be operated upon,” and “twenty-nine cases of spinal distortion and twenty-eight cases of club-feet being actually under treatment.” Notwithstanding all this assurance of popular favor, this rail-road speed to “fame and fortune,” the Dr. evidently seems alarmed at the possibility of competition, and vexed that any should have the presumption even to question the necessity of cutting all these “hundred and one tendons” mentioned in his report. He derives consolation, however, from the fact that he is not the first who has encountered this sort of opposition. He says, “from time immemorial no age or generation has been exempt from pretenders to cure club-feet, spinal distortions, &c., by mechanical means alone.” And in the same connection he speaks of “machinists” and “machine-makers, who apply their own apparatus, as their fancy, stupidity or cupidity may suggest.” Of these epithets (which cannot be misunderstood as intended to apply, not only to Dr. Chase, but to all who advocate the opposite practice to that pursued by Dr. B.) no other notice has been taken than the simple re-

port of cases in Nos. 25 and 26 of your Journal, with drawings and descriptions of the instruments used, and mode of application, enabling any one who might choose to test the truth of the report, and the merits of the two modes of practice. Dr. B., too, has published his cases and reported his cures, in which he says much of "*my means of treatment*," "*my mechanical apparatus*," "*instruments of my own construction*"; but, unlike others who have made great improvements in the profession, there is a studied concealment of the *form* and *mode* of application of these instruments. He says, "the discovery of the true principles of the treatment of club-feet has been reserved to the present generation" (within *two years* probably), a discovery for which the profession may be none the wiser if it depends on Dr. B. to make the communication. But the Dr. does not keep wholly "dark" upon this interesting subject. He lifts the veil just sufficient to let us know that he does not belong to those "machinists who know little or nothing of anatomy or physiology," who "apply their apparatus as their fancy, stupidity or cupidity suggests." He says, "In all cases of club-feet—I *think* I may say all—certainly in all that have been much walked on, there is a twist of the whole limb—the articulation of the hip is *probably abnormal*. The head of the thigh bone and the acetabulum, I *presume*, have not that perfect symmetry found in a limb that has never deviated from a normal state. The gravitation of the foot being turned at right angles with the leg, produces an obliquity of the whole limb, from the diarthrodial articulation of the hip downwards." From this cloud of mystification the Dr. attempts to emerge, and, by way of discouragement to others, to inform us of the difficulties he has to encounter at his "most useful and humane institution," the Orthopedic Infirmary. "Time is required, and very considerable time, to cure club-feet. Muscles must be taught a new action; bone is to be dealt with, and absorbed; and the superabundant ossific matter on the outside of the foot must be taken up by the absorbents, and carried to the inside where it is deficient, which is a process of nature, and requires time. I say a process of nature, and so it is; but nature must be aided by art, or the work will not be accomplished. A constant pressure must be kept up, so directed as to make a bearing upon the external surface of the tarsal bone."

So much for the doctor's *methodus medendi*; now for his *ratio medendi*, his "physiology." "Where two living surfaces press forcibly on each other, absorption takes place, as in the decay of human teeth. The pressure of one tooth upon another always produces decay, and this is absorption. In cases of club-foot, nature, an unerring engineer, carries the superabundant ossific matter from the outside of the foot where it is not wanted, to the inside where it is wanted," &c. The Dr. does not inform us how his "unerring engineer" made such a mistake as to make the deposit on the wrong side of the foot in the first place, nor how the process of absorption, emphatically a vital action, can be called *caries*, *decay* or *death*.

From an attentive perusal of all the reports that have emanated from the Orthopedic Infirmary at Boston, I have endeavored to keep informed of the success of the practice at that institution, and of the same practice at

other places, particularly at Philadelphia, where ample opportunity is afforded to compare the cures effected under both modes of treatment ; and I think facts and cases may be adduced, abundantly to prove that a successful treatment of these deformities of the limbs, whether arising from muscular contraction or other causes, is practicable, at any age, *without the division of tendons* or any cutting instrument whatever, provided true ankylosis has not actually taken place. During a few weeks recently spent at Philadelphia, I saw accomplished, without cutting, all that the most zealous tenotomists pretend to do with ; which would convince any unprejudiced observer that many, very many tendons have been cut and "operations" performed, successfully no doubt, in cases that might with quite as much ease to the patient, but with less credit to the surgeon, have been cured under the improved application of instruments as now performed.

THOS. CHADBOURNE.

Concord, N. H., July 17, 1841.

PECULIAR DISLOCATION OF THE HIP.

JAS. MILLWOOD, æt. 70, was admitted into St. George's Hospital, on the evening of May 3, apparently in a dying state. He was found to have fracture of several of the ribs of the left side, and fracture of the right thigh, a little below the middle. The left foot was much everted, and there being no fracture of this limb, the attention of the house-surgeon, Mr. Tarrant, was immediately directed to the hip-joint, and the following appearances presented themselves:—The outer part of the left hip-joint was much flattened, and the usual prominence of the trochanter wanting. About an inch below, and a little external to a line, drawn perpendicularly downwards, from the anterior superior spinous process of ilium, was situated the *head* of the *femur*, the trochanter major lying backwards, and outwards to the latter. The head of the bone could be distinctly felt to move on flexing or rotating the limb.

It was impossible to ascertain (during life) what was the amount of shortening, in consequence of the fracture of the opposite thigh. The eversion of the foot was so considerable that the great toe might be said to point outwards, and slightly backwards. The limb admitted of very slight rotation or flexion.

The accident was occasioned by his being thrown out of a cart, and becoming entangled in the reins ; the horse ran away, and he was dragged to some distance. He died shortly after his admission.

On examination after death, it was found that the bone had been dislocated directly upwards, the head lying on the anterior inferior spinous process, and a little to its outside. The trochanter major situated posteriorly, and resting on the dorsum of ilium, the trochanter minor resting on the outer edge of the acetabulum. The gluteus medius and minimus were very extensively ruptured, and nearly torn through, at about two inches from their attachments to the trochanter major. The gemellus superior was slightly lacerated, as was also the gemellus inferior and the upper fibres of the quadratus femoris, besides the short head of the rectus.

The capsular ligament was extensively lacerated at its superior part. The "ligamentum teres" entirely ruptured, a little before its attachment to the acetabulum; so that a portion of it remained adhering to both its points of insertion. There was a great quantity of effused blood in all the textures surrounding the joint. The parts are preserved for a preparation; and I feel confident when I say, that Mr. Hewitt, the curator of the museum, will, with his usual kindness, be most happy to show it to all who feel an interest to see the "new kind of dislocation of hip-joint."—*Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 11, 1841.

ILLUSTRATIONS OF DISEASES OF THE EYE.

DR. WILLIAM C. WALLACE, of New York, extensively known for his devotion to the study of the comparative anatomy of the eye, and also distinguished in ophthalmic surgery, has given the profession, within a short time, two new charts, in further illustration of the study to which the active powers of his vigorous mind have been steadily devoted for many years. These charts are conveniently constructed for surveying the entire domain of the eye, both in health and disease, at a single glance. To students they must be exceedingly valuable. To any one about operating on the organ itself, or any of its appendages, No. 2, as it is designated, being a colored plan of every malady for which the resources of surgery offer a relief, is an unrivalled guide.

On the first sheet there is a graduated scale of ocular mechanism, colored to the life, embracing the fish, reptile, &c.; and finally the series becomes complete with the human eye. On the second, the author shows not only the location of each specific disease of the organ, as particularized in books, but he adverts to the remedy in the fewest words, and exhibits at the same time the appropriate instrument to be used, the exact appearance of it, in relation to all contiguous parts—and also, in combination, to leave no chance for misunderstanding the idea, the fingers of the assistant are pictured on the spot where they should be placed. Couching, extraction of the cataract, artificial pupil, puncturing of the globe, pterygium, and, lastly, divisions of the recti muscles for overcoming strabismus, are all displayed with a truth and vividness that call forth our admiration and lay us under renewed obligation to Dr. W. Each engraving, in the disease it is designed to exhibit, is on the plan spoken of in an editorial notice of Dr. Post's treatise upon strabismus, three weeks ago.

Probably for a dollar, and perhaps for less, these charts might be purchased; and if so, it would be money economically expended. Even to lie upon the table for general reference, they are worth three times their actual cost. A description of the anatomical appearance of parts is not like seeing pictured illustrations of the parts themselves. Neither books nor oral instruction can possibly compete with these ingenious and useful schemes for making difficult subjects comparatively easy. Dr. Wallace is without a competitor in this novel and useful department of authorship.

New York State Lunatic Asylum.—No. 26 of the Assembly Reports contain a communication from the Comptroller, transmitting the annual report of the Commissioners of the Asylum. The total amount expended on the structure, at the time the return was made, Jan. 13th, was \$92,171 29. The lathing and plastering is equal to 25,000 square yards! A most substantial edifice, convenient, economical, and superior to any accommodation for lunatics in America, may be expected in the great undertaking now in progress of completion by the people of that State. Very large sums of money must necessarily be appropriated before it will be ready for occupancy.

Dr. Seeger's Advocacy for Total Abstinence.—That venerable physician, C. L. Seeger, M.D., of Northampton, Mass., delivered an address quite recently in that town, which reflects the highest credit on his philanthropy and medical discernment. One extract, only, can be conveniently introduced.

"The history of all nations and ages proves the fact, that the vast many evils, which afflict mankind, have their origin in the ignorance and vicious propensities of man. Though it is a severe school, which teaches wisdom and virtue by suffering, there is often no other, and, what is worse, the life of man is not seldom too short to profit by the lessons received with so much pain and misery. Thrice fortunate is the lot of that individual, that was placed from his infancy in circumstances favorable to the acquisition of sufficient moral and intellectual culture to shun the rocks upon which thousands had been wrecked. How many of our fellow citizens have been plunged into misery, and their innocent wives and children into poverty and distress, because they were early taught that the daily use of alcoholic liquors is salutary! and not many years ago respectable characters, even of the learned professions, so called, insisted on the healthiness of rum, and inculcated the dangerous doctrine by their own example on the minds of their children, and of the community to which they belonged."

Jefferson Medical College.—Since the last lecture term, some important changes have been made in the board of faculty, but they will by no means affect the integrity of the Institution, or lessen the advantages of the students who may enter their names on the catalogue of the school. Drs. Revere and Pattison's places are supplied by gentlemen of acknowledged power and ability to teach in the departments to which they are assigned by efficient trustees. Dr. Dunlison is now the senior professor. Drs. Mutter, Pancoast and Meigs are extensively known for their devotion and success in the profession of which they are distinguished members. It would be unnecessary to particularize all the opportunities which the student has for studying the various things belonging to a course of clinical instruction, in connection with the daily discourses and demonstrations at the College. Ten beneficiaries are admitted, on application to the dean, R. M. Huston, M.D., post paid. Young gentlemen, therefore, who have not the means of paying for the course, have great encouragement; and any ten who may seasonably apply, will receive just as much attention as those who never knew the inconvenience of poverty.

Yellow Fever.—St. Joseph, in Florida, has heretofore been considered a place of such atmospheric purity, that invalids have been accustomed to go there for the renovation of their enfeebled bodies—and thus it has remained, till a short time ago, when a schooner, loaded with fruit, arrived directly from Havana, having two hands on board prostrate with the yellow fever. They were taken on shore, and all kind and praiseworthy attentions paid to their comfort. The seeds of death were thus introduced—and the melancholy catalogue of deaths which has followed the landing of these two sailors, will long be remembered with tears and sorrow at St. Joseph.—What can be said to this plain introduction of yellow fever from a foreign port, by those physicians—the leaders in the profession—who positively declare that such a circumstance never has occurred and never can occur? Can any one in his senses pretend that the infection in this case was not of foreign origin, and propagated from the two seamen, the first victims?

The disease seems not to have shown itself yet at New Orleans, although strong indications of it have been repeatedly announced. There is no apprehension of it here at the North; yet a season rarely passes by without an occasional rumor of its existence on board of some vessel from a tropical climate. Thus far, the shipping in the port of Boston, the present season, has been almost entirely free from sickness of any kind.

Medical Almanac for 1842.—Gentlemen preparing articles for the next volume, the 4th in the series, are requested to transmit them to the address of the editor of this Journal, as soon as it will suit their convenience. Medical statistics, in the United States and the British American Provinces, are especially desired—together with accounts of all new medical associations, the names of their officers, and all other useful information concerning them. Full and accurate accounts of medical schools, hospitals, infirmaries and dispensaries, as in past years, are requested from authentic sources. Any communications calculated to make this annual increasingly useful to the profession throughout the whole country, will be gratefully acknowledged by the editor.

Graves's Clinical Lectures.—We are informed that Barrington and Haswell, of Philadelphia, will have ready about the middle of August, a new edition of Graves's Clinical Lectures, with additional lectures and notes by Dr. Gerhard. We have no doubt, from the high reputation that both the gentlemen enjoy, that this book will be amongst the most attractive to the medical profession of any that have been announced for the coming season. The same publishers have also in the hands of an American editor, the last London edition of "Liston's Elements of Surgery," which they expect to issue early in the ensuing year.

Glanders of Horses communicated to Man.—No fact is better established than the communication of the shocking disease of the horse, called *glanders*, to the human subject. Cases of individual suffering are detailed from time to time, in the English journals, which are of the most painful description. In consequence of the increase of the malady, the medical officers of St. Bartholomew's Hospital have petitioned the Common

Council of the city of London, for the appointment of a *Veterinary Inspector of Smithfield Horse Market*, with a view to the prevention and cure of the disease amongst animals, and having special regard to the public health of the metropolis.

Medical Society, City of New York.—Nicoll H. Dering, M.D., was elected president of the New York City and County Medical Society on the 12th ult., which was the anniversary. The Recording Secretary is H. D. Bulkeley, M.D. In times past, there have been spirited meetings of this Association, and it occurs to us that considerable excitement was manifested a few years since, in the election of officers.

Treatment of Phthisis by Inhalation.—Sir Charles Scudamore's method of treating tubercular phthisis by inhalation of iodine and conium, has been referred to in former volumes of this Journal. By an article of his in a late No. of the *Lancet*, it appears that his zeal has not at all abated in this mode of treatment, and that he has opened an institution in London for the poor afflicted with diseases of the chest, where upwards of two hundred patients have been treated and relieved during the last year by inhalation. The following extracts will be found interesting.

"Let it not, however, be imagined, that I claim for it, boastfully, the power of curing the tubercular disease of the lungs in its worst forms; or that I allow myself to speak of tubercular phthisis as curable in a general sense; which might serve to imply that it is not the dangerous and commonly fatal disease which it has always been considered to be. My zeal for the remedy has never carried me to this imprudent length; but I may, on the other hand, be excused if I do not join in the despondency of those who almost shrink from contending with the disease, and who send away the unfortunate patient, in any stage of the disease except quite the last, to another climate. I hold this to be an exceedingly wise measure in certain cases of the threatening of consumption, especially in young persons, whose constitution is not yet fully developed; but I also strongly condemn it, when serious disease has become established, requiring for its treatment the nicest means of art, and not a mere contentment with change of air, and climate, and attention to diet; advantages which are wholly inadequate to the cure, and too often insufficient even for the suspension of the disease. I recommend inhalation as forming a part of a system of treatment, but certainly a very important part; yet, in order to produce its good effects, the doses and the combinations of the several ingredients are always to be considered. The following is the formula of the iodine solution which I prescribe:—R. Iodinii, potassii iodid., ãã gr. vj.; aquæ distillat., 3v., 3vj.; alcoholis, 3ii. M. et fiat. Mistura in inhalationem adhibenda."

Iodine in Opacity of the Cornea. By DR. LOHSSE.—The case in which this remedy was successfully employed was one of opacity of the cornea consequent on syphilitic ophthalmia, and so considerable as almost completely to destroy vision. The iodine was given internally, and from four to six drops of the following collyrium were let fall into each eye three times a day: R. Iodini, gr. i.; potassii iodidi, gr. ii.; aq. dest. 3vi. M. Afterwards this was exchanged for an ointment consisting of iodine,

gr. jss. ; iodide of potassium, ℥j.; and lard, 3 ss., of which a small portion was once or twice a day put between the eyelids. The cure was perfected in three months.—*Medicinische Zeitung*.—*Brit. & For. Med. Review*.

Statistics of Amputations performed in the African Army, in Hospitals and the Field, in the years 1837-8-9. By Dr. GUYON.—The number of amputations performed in the above years (the campaign of Constantine in 1837 excepted) was 63, namely: Disarticulation of the shoulder-joint, 6; do. elbow, 2; do. wrist, 6; do. knee, 1; do. partial of foot, 1; do. tarso-metatarsal, 1. Amputation of the thigh; 16; do. leg, 7; do. arm, 15; do. forearm, 8.

Of these 63 patients, 46 were cured, 17 died. As, however, four died from circumstances scarcely connected with the amputation, the proportion of deaths may be stated as 1 to 11. This result is much more favorable than that during the siege of Constantine in 1837, for of 10 amputations performed at Médéah, only 1 survived, and of 62 at Blidah, 39 died.

Of the 63 operations referred to above, 44 were performed immediately, 19 secondarily. The former gave 32 cures, 12 deaths; the latter 14 cures, 5 deaths. Thus the proportion of cures after secondary amputation was not less satisfactory than that after immediate.—*Gaz. Med. de Paris*. *British and Foreign Med. Review*.

Case of Triplets.—A very interesting case of triplets is recorded in the *Western Journal of Medicine and Surgery* (April, 1841), by Dr. A. H. Buchanan, of Columbia, Tenn. The mother was a delicate woman, aged 35, and had had four children previously. The father is a stout, healthy man, of middle age. The three children were all well formed, and were hearty and living when the account was written, about six weeks after birth. The child first born was a male, weighing seven pounds; the second a male, weighing four pounds; the third a female, weighing five pounds; making in all sixteen pounds. The placenta was single, and very large, being by actual measurement twelve inches across in one direction, and fourteen in another, and two inches thick in the centre; it presented three divisions upon its fetal surface. Each child had distinct membranes and liquor amnii, and there were three distinct cords.—*American Journal of the Medical Sciences*.

Medical Miscellany.—Dr. Wolford Nelson, the proscribed patriot, whose name was extensively circulated during the late rebellion in Canada, has returned to his family—the Provincial government having offered no molestation.—Yellow fever is again awfully destructive at Havana, says a late arrival.—The degree of M.D. was conferred on twenty gentlemen at the late commencement of Dartmouth College, in course. An honorary degree of M.D. was conferred on Micah Eldridge, of Nashua.—Three thousand dollars are offered by the Legislature of Kentucky, for a discovery of the cause of the milk-sickness, any time within five years from the passage of the act.—T. Romeyn Beck, M.D., has been elected professor of materia medica in the Albany Medical College. He has also been chosen Secretary of the Board of Regents of the University of the State of New York.—Middleton Goldsmith, M.D., is prosecutor in the College of Physicians and Surgeons, New York.

TO CORRESPONDENTS.—Dr. Trowbridge's remarks on Diseases of the Ovaria, Dr. Kellogg's paper on Gout and Rheumatism, and one on the last illness of President Harrison, have been received.

NOTICE.—A Supplement of four pages is sent out with this No. of the Journal. —The Title-page and Index of the last volume will be enclosed in the next No. or the one succeeding it.

MARRIED.—At Claremont, N. H., May 26, Henry E. Ranney, M.D., of Wardsboro', Vt., to Miss L. O. Billings, of Claremont.—At Lebanon, N. H., Edward R. Peaslee, M.D., to Miss M. T. Kenrick.—At Lowell, Mass., Dr. Frederick Morrill to Miss A. D. Burditt.

DIED.—At Westmoreland, N. H., Dr. Campbell—killed by being thrown from his gig.—At Pensacola, Mordecai Morgan, M.D., Surgeon U. S. N., 51.—At Norwich, Penn., Dr. Charles H. Mitchell, 29.—At New York, Dr. William Baldwin, 62.—At Chesterfield, Mass., James H. Torrey, M.D., 29.

Number of deaths in Boston for the week ending Aug. 7, 31.—Males, 13; Females, 21. Stillborn, 2.

Of consumption, 8—infantile, 1—disease of the heart, 2—teething, 3—inflammation of the bowels, 1—canker, 1—dysentery, 4—scarlet fever, 1—smallpox, 1—debility, 1—cancer, 1—bowel complaint, 1—disease of the spine, 1—liver complaint, 1—pneumonia, 1—chronic diarrhœa, 1—croup, 3—inflammation of the brain, 1.

REGISTER OF THE WEATHER.

Kept at the State Lunatic Hospital, Worcester, Ms. Lat 42° 15' 49". Elevation 183 ft.

Day.	THERM.			BAROMETER.			Wind.	Weather.	Remarks.
	7 a.m.	3 p.m.	9 p.m.	7 a.m.	3 p.m.	9 p.m.			
1 Thur.	68	76	72	29.26	29.31	29.35	S W	Fair	
2 Frid.	63	75	68	29.30	29.35	29.40	N W	Fair	
3 Satur.	51	70	66	29.13	29.10	29.12	N W	Fair	
4 Sun.	52	76	66	29.11	29.10	29.10	N W	Fair	
5 Mon.	56	76	66	29.29	29.30	29.29	S	Fair	High wind. Thunder storm evening.
6 Tues.	61	81	73	29.26	29.32	29.27	S W	Fair	Thunder storm in the night. .40 in. rain.
7 Wed.	61	76	72	29.25	29.32	29.31	W	Fair	.50 inch rain in the night.
8 Thur.	62	71	70	29.32	29.31	29.19	N W	Fair	
9 Frid.	60	75	70	29.14	29.50	29.14	N W	Fair	
10 Satur.	61	74	67	29.26	29.24	29.31	N W	Fair	.10 inch rain from 6 to 9 o'clock, A. M.
11 Sun.	54	70	70	29.37	29.31	29.30	N W	Fair	
12 Mon.	51	73	71	29.30	29.29	29.29	N W	Fair	Beautiful sunset.
13 Tues.	54	79	74	29.30	29.31	29.28	W	Fair	
14 Wed.	64	78	74	29.39	29.38	29.35	S W	Fair	.18 inch rain in the night.
15 Thur.	69	83	79	29.36	29.32	29.23	N W	Fair	
16 Frid.	69	71	72	29.30	29.31	29.12	N W	Fair	Showers. Thermometer fell 10 degrees.
17 Satur.	63	77	65	29.15	29.62	29.53	S W	Fair	
18 Sun.	56	77	72	29.53	29.51	29.53	S	Fair	
19 Mon.	58	83	71	29.54	29.54	27.57	S W	Fair	Aurora borealis.
20 Tues.	61	83	75	29.61	29.71	29.76	N	Fair	
21 Wed.	61	86	78	29.77	29.76	29.70	S	Fair	Fog in the meadows in the morning.
22 Thur.	62	81	81	29.63	29.75	29.70	S W	Fair	
23 Frid.	70	80	71	29.47	29.50	29.50	N E	Fair	
24 Satur.	64	72	72	29.51	29.56	29.56	N E	Cloudy	
25 Sun.	69	82	73	29.18	29.19	29.32	S	Cloudy	Thunder storm morning and evening.
26 Mon.	71	71	68	29.38	29.28	29.40	N W	Fair	
27 Tues.	56	75	72	29.70	29.15	29.12	S E	Fair	
28 Wed.	61	73	71	29.34	29.33	29.10	N W	Fair	
29 Thur.	59	70	67	29.48	29.48	29.15	S W	Fair	Aurora borealis.
30 Frid.	56	76	70	29.40	29.40	29.40	W	Fair	
31 Satur.	60	61	61	29.40	29.59	29.36	N E	Rain	

The month of July has been favorable to the husbandman for the maturing of the fruits of the earth, while seasonable showers have kept the gardens and later crops thrifty and luxuriant. The season has been dry, and the supply of rain moderate. The thermometer has ranged from 50 to 86. Barometer from 29.24 to 29.77. Rain, 2.55 inches.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

21

SUPPLEMENT

TO THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NO. 1, VOL. XXV.....AUGUST 11, 1841.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:—

JOHN C. WARREN, M.D.
GEORGE C. SHATTUCK, M.D.
JACOB BIGELOW, M.D.

WALTER CHANNING, M.D.
GEORGE MAYNARD, M.D.
JOHN RANDALL, M.D.

ENOCH HALE, M.D.
JOHN WARE, M.D.

At the annual meeting of the Committee, July 28, 1841, the Boylston Premium, of fifty dollars value, for the best Dissertation on the question—"To what extent is disease the effect of changes in the chemical or vital properties of the blood?" was awarded to J. F. W. Lane, M.D., of Boston.

The questions for 1842 are, 1st—"To what extent is the human system protected from smallpox by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?"

2d. On the diseases of the kidney; and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., of Boston, on or before the first Wednesday of April, 1842.

The following subjects are offered for 1843:—

1st. The best method of warming and ventilating rooms for preventing and curing disease.

2d. The structure and diseases of the teeth, with a numerical solution of the question, Can caries of the teeth be retarded by mechanical processes?

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1843.

The author of the successful dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

Unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if applied for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author is considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Boston, July 29, 1841.

A. 4—4w

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDRAL's Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Catterluck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Maunsel on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plümbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretæus on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

ALBANY MEDICAL COLLEGE.

The next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES M'NAUGHTON, M.D., Prof. Theory and Practice of Medicine.
T. BOMEYN BECK, M.D., Prof. Materia Medica.
ERNESTER EMMONS, M.D., Prof. Obstetrics and Natural History.
LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.
JAMES H. ARMSBY, M.D., Prof. Anatomy.
THOMAS HUN, M.D., Prof. Institutes of Medicine.
AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$4.50 per week.

Aug. 11—6w

ALDEN MARCH, M.D., President of Faculty.
J. H. ARMSBY, M.D., Registrar.



UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

NEW HAMPSHIRE MEDICAL INSTITUTION.

THE annual course of Lectures in this Institution will commence on Thursday, the 5th of August next, and continue three months.

DIXIE CROSBY, M.D., Professor of Surgery, Obstetrics, and Diseases of Women and Children.

EDWARD E. PHELPS, M.D., Lecturer on Materia Medica, Medical Jurisprudence, and Medical Botany.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

JOSEPH ROBY, M.D., Professor of the Theory and Practice of Medicine and Pathological Anatomy.

EDMUND R. PEABLEE, M.D., Lecturer on Anatomy and Physiology.

Expenses for the course of lectures, \$50.00. Graduating, \$18. Matriculating, \$3.00. Board may be had at \$1.33 to \$2.00 per week, and abundant facilities for those who may wish to board themselves. The fees must be paid at the commencement of the term, or notes given with satisfactory security. All operations before the medical class are performed gratis.

By order of the Faculty,

Dartmouth College, Hanover, June 15, 1841. Je 23—1A7 OLIVER P. HUBBARD, Sec'y.

BERKSHIRE MEDICAL INSTITUTION.

THE annual course of Lectures will commence the first Thursday, 5th of August, 1841, and continue thirteen weeks. Fee for the whole course of lectures, \$50; fee for those who have attended two courses at any respectable medical school, \$10; graduation fee, \$18; library fee according to the number of books taken. Board, from \$1.50 to \$2.00.

Theory and Practice of Medicine and Obstetrics, by

H. H. CHILDS, M.D.

Principles and Practice of Surgery, by

FRANK H. HAMILTON, M.D.

Anatomy and Physiology, by

JAMES MCCLINTOCK, M.D.

General and Special Pathology, by

ALONZO CLARK, M.D.

Materia Medica and Pharmacy, by

M. A. LEE, M.D.

Chemistry, Botany, and Natural Philosophy, by

CHESTER DEWEY, M.D.

Demonstrator of Anatomy,

C. C. CHAFFEE, M.D.

Pittsfield, Mass., May, 1841.

Je 9—tl.

PARKER HALL, Secretary.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840.

O. 28—hantMcchoptO

HOMOEOPATHIC BOOKS AND MEDICINE CHESTS.

OTIS CLAPP, No. 10 School street, Boston, has for sale, Currie's Practice of Homoeopathy; Everest on do.; Broncke on do.; Dunsford's Practical Advantages of do.; Dunsford's do. Remedies; Quin's Pharmacopoeia; Simpson's do.; Hahnemann's Organon; Jenner's do. Practice; Jahr's Manual; Hering's do., or Domestic Physician; Roulf's Repertory; Currie's Domestic do.; Broncke's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Croserio, Eustaphieue, Everest, Green, Herring, Des Guis, &c. Medicine Chests for sale as above. O. C. is agent for the Homoeopathic Examiner, by A. Gerard Hall, published monthly in New York.

My 12—

TO PHYSICIANS.

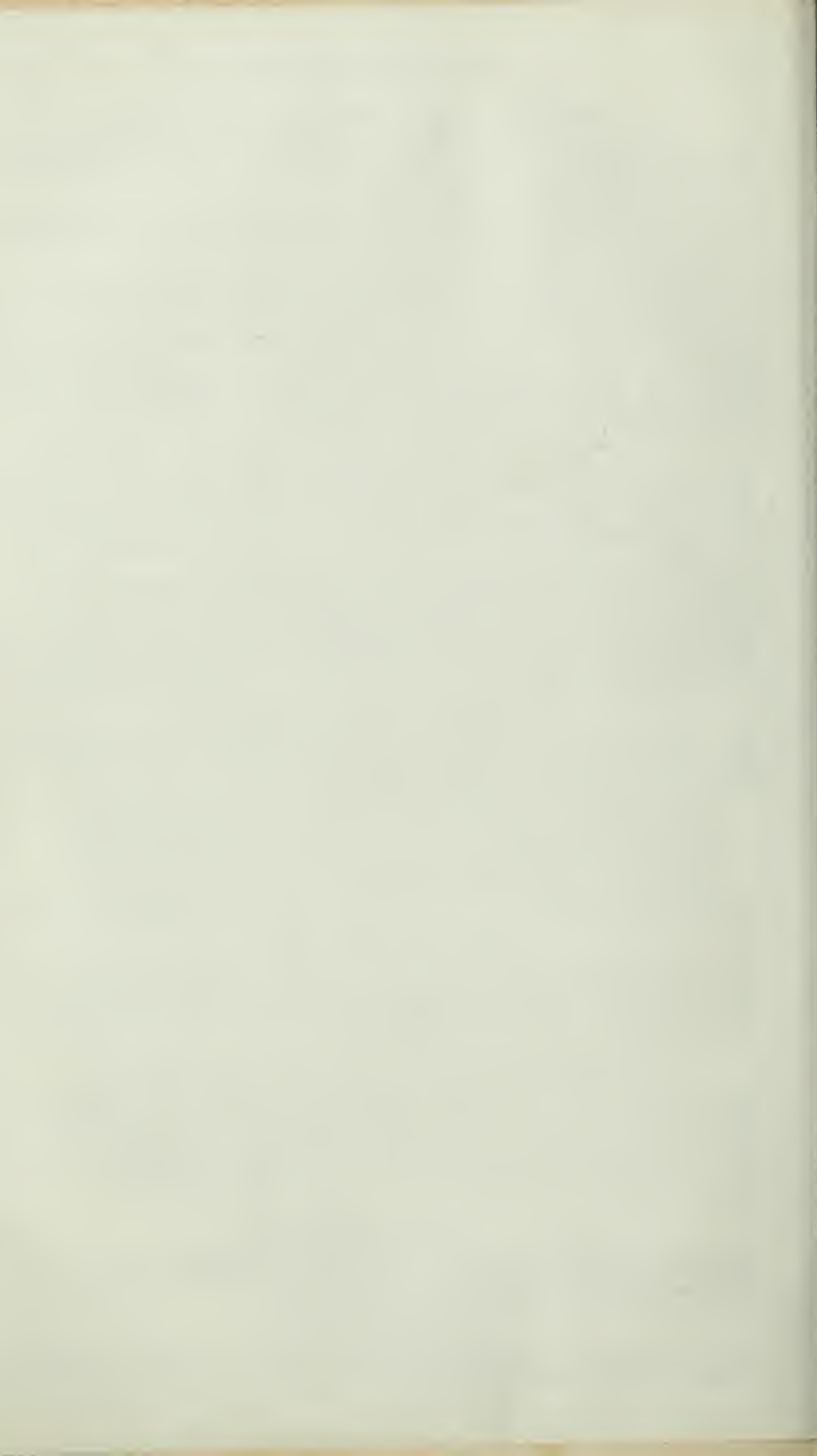
A PHYSICIAN who has been in practice for the last seven years, in the eastern part of Maine, wishing to change his location for one in the interior of Massachusetts or Connecticut, would purchase, exchange, or, what would be more preferable, enter into partnership with one who has been in good practice for a long series of years. Address the editor, post-paid.

Jy 28—4w

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, post paid, without which no letter will be taken from the post office.

June 19



ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$1—without, \$3.50. By addressing the publisher, No. 181 Washington street, physicians may be readily accommodated. A 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Bosawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 Belknap street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S., Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint, J. V. C. Smith.
Boston, April 14, 1841. if

A GOOD CHANCE FOR A PHYSICIAN.

A PHYSICIAN, residing in a pleasant village, near the centre of the State of New York, not 20 miles from the city of Utica, and having a liberal share of patronage, will dispose of his situation on liberal terms, consisting of a village lot, an elegant dwelling house and office, barn, carriage, and other out-houses, &c. &c. All of which will be disposed of on easy terms to the purchaser. Address the editor of this Journal, post-paid.
Jy 14—4m

THEODORE METCALF, APOTHECARY,

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foil. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

J Any instrument not in store, obtained to order at three days' notice.

Ap 7—6m

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SZWALL, M.D., Professor of Pathology, and the Practice of Medicine.

HARVEY LINDSLEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Maternal Medicine and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SAOPE, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

THOMAS MILLER, M.D.

Washington, May 1, 1841.

My 12—4m N

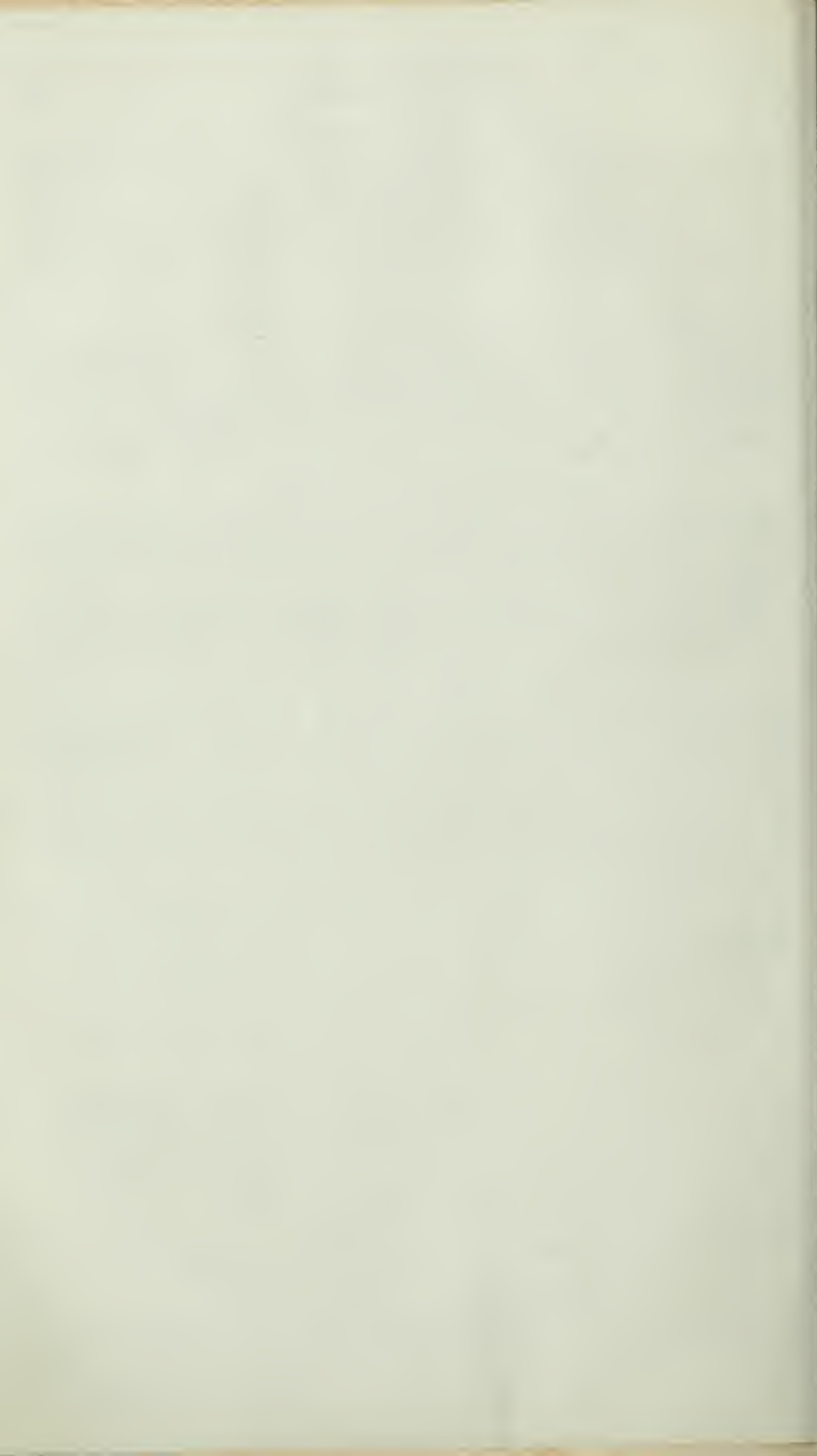
Dean of the Faculty.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Jy 28—copy



UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

THE annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.

GRANVILLE SHARP PATRISON, M.D., Professor of Anatomy.

JOHN REVERE, M.D., Professor of Theory and Practice of Medicine.

MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a SURGICAL CLINIQUE has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Secretary to the Faculty.

Jy 28—eptN1

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by - - - BENJAMIN SILLIMAN, M.D. LL.D.

Theory and Practice of Physic, by - - - ELI IVES, M.D.

Materia Medica and Therapeutics, by - - - WILLIAM TILLY, M.D.

Principles and Practice of Surgery, by - - - JONATHAN KNIGHT, M.D.

Obstetrics, by - - - TIMOTHY P. BEERS, M.D.

Anatomy and Physiology, by - - - CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841.

Jy 14—sep23

CHARLES HOOKER, Sec'y.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841-42.

THE regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEigs, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

ROBERT M. HUSTON, M.D., Dean of the Faculty.

TRUSSES.

THE subscriber continues to manufacture Trusses of every description, at his residence, at the old stand, opposite 264, No. 305, Washington street, Boston (entrance in Temple Avenue—up stairs). All individuals can see him alone, at any time, at the above place.

J. F. F. manufactures as many as twenty different kinds of trusses, among which are all the different kinds similar to those that the late Mr. John Beuth, of this city, formerly made, and all other advertised in Boston.

Any kind of trusses repaired at short notice, and made as good as when new.

☐ Ladies wishing for any of these instruments, will be waited upon by Mrs. Foster, at the above place. Mrs. F. has been engaged in the above business for ten years.

JAMES F. FOSTER.

I hereby certify that I have, for several years past, been in the use of Mr. Foster's Truss for Inguinal Hernia, and find it to answer every desirable purpose, and consider it far preferable to any other which I have employed.

JAMES THATCHER, M.D.

Plymouth, Nov. 1, 1839.

I hereby certify, that I have known Mr. James F. Foster several years last past, and have frequently employed him in the construction of trusses and other apparatus for my patients, and have always found him ready, capable and faithful, and equal to the occasion for which I have employed him.

Boston, March 10, 1840.

JOHN RANDALL, M.D.

PROLAPSE OF UTERI.

THE attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2, to \$7, according to fluid. Perineum straps (extra) at 75 cts. to \$1.50.

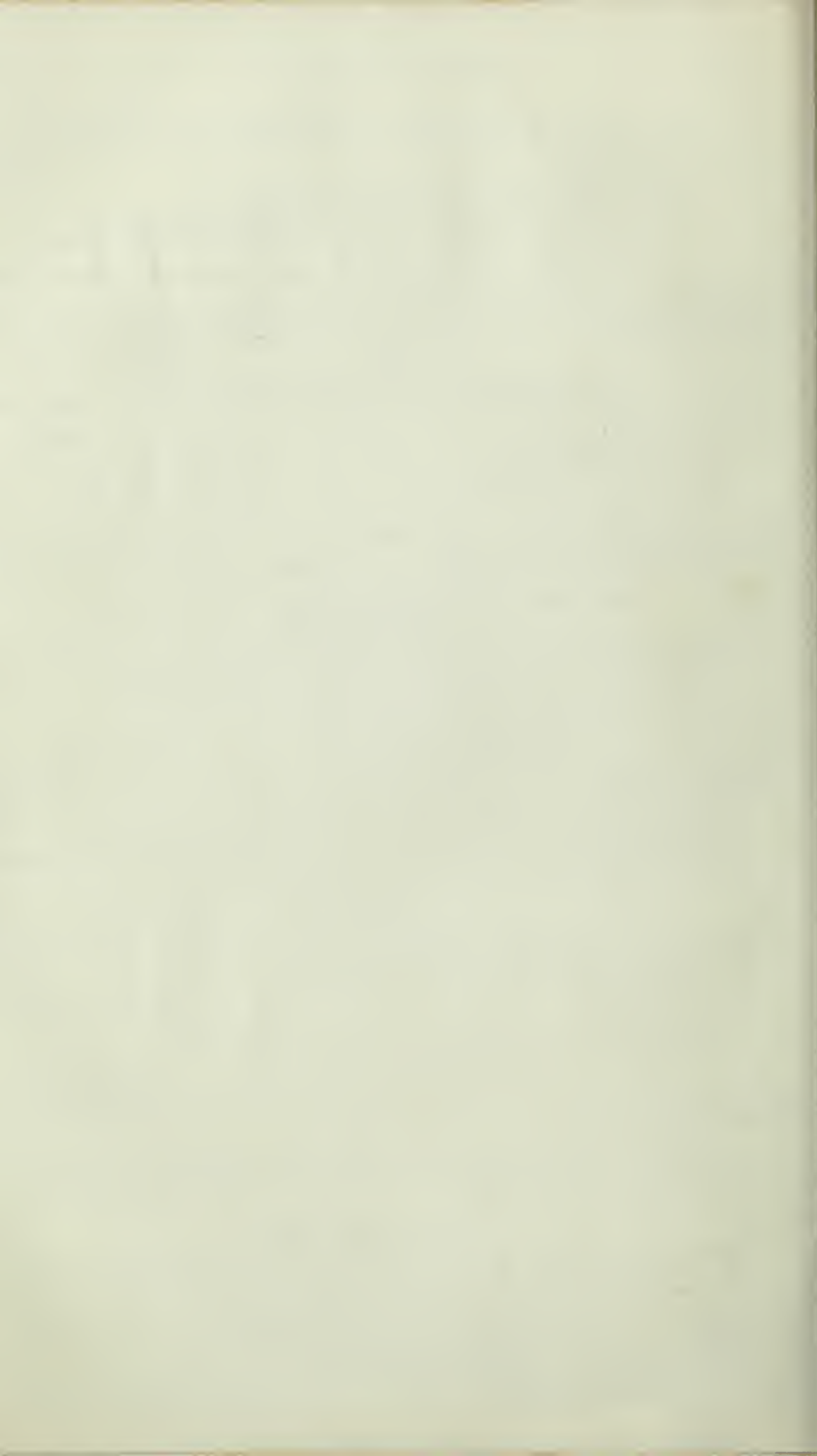
Reference may be had to the following physicians in Boston, among others who recommend the instrument:—Dr. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 16 Howard, near Court st., Boston.

Nov. 25.—2w&1am6m.

A. F. HARTLETT,

Agent for JOHN R. CHAPIN, M.D.



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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, AUGUST 18, 1841.

No. 2.

PRESIDENT HARRISON'S LAST ILLNESS.

[Communicated for the Boston Medical and Surgical Journal.]

THE profession of medicine is singularly situated. When differences occur among its members, there is no power to settle and adjudicate them finally. In all other professions disputation is allowed, until decision is made, and then its voice is hushed; whilst in medicine cavilling is endless, and old and apparently exploded notions are again and again, like unquiet spirits, aroused from the tombs of the past, and there is no priesthood found in the profession to exorcise them. Medicine is a true democracy, for all stand upon equal ground; and the only controlling power is public opinion of the profession, the union of the mass in condemnation of the individual. The body of the profession being the only tribunal, the opinions and practice of its members must be amenable to their praise or censure. The moment these are laid before the profession, they become fair subjects of criticism and debate. If it were otherwise, dangerous opinions might exert an unfortunate influence, and valuable ones not be sufficiently pressed. We despise that spirit of fault-finding, that sees no good in anything; but justice requires that we should openly condemn what our judgment disapproves.

In the case of our late President, the object was so distinguished, and his life so important, that all eyes were turned with intense interest to his medical attendants; they were viewed as holding a public trust of the dearest character, and should be held answerable to the enlightened of the profession for the proper performance of that trust, according to the approved practice of the profession—as we would hold a public officer responsible for the performance of his duty, according to the settled principles of the public good and political economy. In this light, and inasmuch as they have published a report of the case, making it the property of the profession, we exercise the right, as a humble member, to notice it.

On the 26th of March, the report states, the attendant physician was first called to see the President, and found him “slightly ailing, although not confined to his room.” He complained of having been slightly indisposed for some days, which he attributed to fatigue and anxiety of mind. He had not sent for him to advise, but to inform him of some peculiarities of constitution; that he was subject to neuralgia, and had been dyspeptic, but avoided it of late by attention to diet; “that when sick he always required a very stimulating practice,” &c. General advice was

given, but no medicine. On Saturday, the 27th, at 1, P. M., he was suddenly called to see the President. "Found him in bed;" he told him that "he had been attacked an hour and a half previously with a severe chill." He "prescribed the ordinary remedies, such as mustard to the stomach, heat to the extremities, additional bed-clothing and warm drinks. The re-action was slight, and perspiration readily induced by a gentle diaphoretic draught, tartar emetic, with the spts. Mindereri and diluents." "At 5, P. M. his condition much improved, his skin warm and moist, his thirst allayed; said he was satisfied he should have a good night, and be well in the morning; his pulse was soft, about 75; complained only of slight pain over the right eye, which he considered neuralgic," and for which he declined any remedy. "His tongue being slightly furred, and his bowels not having been moved for two days," he prescribed "R. Mass hydrarg. gr. x.; ext. col. comp. grs. iii. M. Ft. pil. iii.; this being a medicine which he stated always acted kindly."

Sunday, March 28th, at 4, A. M., he was summoned to visit the President; "found that about 12 at night he had been seized with a violent pain over the right brow, and in his right side, from which he still continued to suffer; the pains were intermittent, equally increased by deep inspiration and motion, but not by pressure; contrary to his expectation he had slept but little during the night, none since the onset of the pain; he complained of thirst; his tongue was dry; his mouth clammy; his skin warm and moist; pulse 80, and soft; occasionally great nausea. He attributed his pain to the want of an operation from his bowels, which were uneasy. I ordered enemata, sinapisms, with warmth to the part affected, and gave him a Siedlitz powder. Half past 8—more easy; bowels had been gently moved by the enemata. Ten o'clock, finding the bowels not sufficiently moved by the injection, which caused small, dark, offensive, fluid evacuations, ordered one of the following pills to be given every two hours: R. Hydrarg. chlorid. mit., gr. xij.; pulv. rhei, gr. xv.; camphoræ, gr. vi. M. Ft. pil. No. vi.; and left directions to have cups freely applied to the side, should the pain return in my absence. Upon visiting the President, received the following report. At half past 11 he was very restless; objected to all local applications to his side; applied laudanum to the rectum to remove the unpleasant effects of the injection; gave a pill at 12; pain being increased, at his request applied laudanum to the part; slight chilliness at half past 12, requiring warm applications to the extremities; at two gave the second pill, soon after which he had a dark, small, indurated passage similar to that of the morning. At half past 2 I again saw him; his skin was warmer and drier than it had been; pulse somewhat accelerated; his breathing more hurried; tongue and fauces dry; thirst intense; face a little flushed. Upon examination was satisfied that the lower lobe of the right lung was the seat of pneumonia, complicated with congestion of the liver; but that the acute pain was neuralgic. Continued pills; had cups applied over the side affected; Granville's lotion to the spine and brow. He was relieved very much; although the quantity of blood taken by the cups was very small, he felt the effect of its loss, breaking out into a free perspiration, complaining of nausea, and a sense of faintness. It is proper

to state that my intention, after the examination, was to bleed from the arm ; but, upon witnessing the effect that position had on his pulse, I preferred the cups. Three o'clock, applied a blister over the side, and gave 20 gts. of laudanum, with one of the pills. At 4, finding him much relieved by the laudanum, and not having yet procured a free evacuation, gave him five grains more of calomel, with ten gts. of laudanum, which quieted his stomach, relieved his pain, and he fell into a calm sleep."

The attendant physician then meets Dr. May in consultation. On the 29th, at 7, A. M., the President "somewhat disturbed in his breathing, with a slight dry cough ; had urinated freely, and passed several small, black, foetid stools ; had taken two of the pills, with three grains of calomel ; and on account of his restlessness, three grains of Dover's powder. At this time his pulse was 80, soft ; skin warm and moist ; slight dull pain in his side more permanent ; the bowels not having been freely opened, ordered castor oil and demulcents." At 2 o'clock, pulse 90 ; tongue brown and pointed ; thirst great. Pill of calomel, gr. i. ; ipecac. and pulv. antimon. grs. ii., ordered every two hours, with some drink and nourishment. At 8, P. M., no new symptom but the occurrence of pinkish mucus. "Ordered continuance of pills, with a blister over right hypochondriac, extending to the epigastric." His bowels not having been moved at the next visit, the pills of calomel and ipecac. and rhubarb were renewed until they produced the desired effect, which debilitated him, and the evacuations being likely to continue, a quarter of a grain of opium and camphor were combined with them, a weak brandy-toddy allowed, and nourishment, with fomentations to the abdomen. Symptoms favorable at the next visit ; and wine whey and pills, and infusion of serpentaria and seneca, continued.

On April 1st, incoherence and picking at the bed-clothes having occurred, pulse 80 and soft, other consulting physicians were added ; and when his bowels had not been opened, the calomel, ipecac. and rhubarb pill was resorted to ; and when it had its effect and debilitated him, brandy-toddy, nourishment and broths were allowed. Expectoration of mucus tinged with blood occurred. Light opiates were occasionally combined ; and medicine occasionally discontinued, stimulants alone being given. The pulse, tongue and heat of the body advanced or receded at the different visits. Camphorated mercurial ointment was rubbed over the blistered surface ; spt. Mindererus given, and the seneca and serpentaria infusion continued ; the treatment, to its fatal termination, being purely symptomatic and "*pro re nata*." Under this treatment the good man's life wore on, with remissions and exacerbations, hope and subsequent depression, until life, like an expiring torch, flickered and ceased.

In conclusion, the attendant physician observes—"It will be seen that the disease was not viewed as a case of pure pneumonia ; but as this was the most palpable affection, the term pneumonia afforded a succinct and intelligible answer to the innumerable questions as to the nature of the attack. It was in fact one of our ordinary winter fevers of a low grade, of which pneumonic inflammation, hepatic congestion, and gastro-intestinal irritation, were the prominent traits. No one could be less prepared to resist such an attack than General Harrison. In early life his constitution

had been impaired by hardships and exposure, and of late years by dyspepsia and neuralgia ; exercise, regular hours, simple diet and mental quietude had preserved a frame, by no means robust, to a good old age." The fatigue attendant on his inauguration, and his official duties subsequent thereto, with the constant interruption to which he was exposed, interfered, he thinks, with the healthful operations of his constitution. "Not only his physical and mental energies were strained to the utmost, but his feelings were often subjected to the severest trials. To counteract the injurious influence of such a mode of life, the greatest care and prudence would have scarcely sufficed, and unfortunately the President did not secure to himself the rest necessary to sustain his strength. He had scarcely enjoyed one night of comfortable repose since his inauguration, and even at his meals was not free from the distraction of company. Under these circumstances the fatal result of his disease was not so much a matter of surprise as of regret."

In taking a cursory view of this report, the first idea that presents itself is the evident yielding of the practitioner to the patient, as evinced in these expressions, that occur in the report—"that when sick, he always required a very stimulating practice ;" "complained only of a slight pain over the right eye, which he considered neuralgic ; and which he thought, from his own experience, would subside in a few hours, and therefore declined using any remedy for it ;" "this being a medicine which he stated always acted kindly ;" "he attributed his pain to the want of an operation from his bowels," &c. In fact, the subsequent treatment is so much in accordance with these opinions of his constitutional peculiarities, that it has the appearance of being somewhat influenced by it. For ourselves, in opposition to the maxim of "every man his own physician or a fool at forty," we hold that no one is a proper judge in his own case. Inclination or prejudice, more often than reason, directs our judgment when applied to ourselves. The very nature of the case produces the difficulty : internal impressions are subtle ; too much or little importance is attached to them usually by the sufferer ; alarm, the excitement of pain, and the consequent disturbance of mind, serve of themselves to unfit the patient for judgment of any species, much less to reason upon his own case. And even in a wider sense, his judgment of his constitutional habits and idiosyncrasies is not always to be trusted ; for that to "know ourselves is the most difficult of all knowledge," is equally the truth, applied to physiological as to intellectual phenomena. The business of the physician is to judge, to decide, and then to act ; and though he should avail himself of all the information in the power of the patient to afford, and give it the consideration it is worth, his decision is arbitrary and final ; he is not bound to consult the wishes or suit his opinion to that of the patient ; for if so, "Othello's occupation's gone"—it is no longer the physician, but the patient, who practises. We should not have alluded to this, at such length, were we not convinced that it is too common a fault in the profession, and that popularity is often sought by it, at the expense of duty ; and for the more especial reason, that the physician attendant seems to state the fact "that the President informed him he always required a very stimulating practice when sick," thus early in the report, to prepare the

reader's mind for the development of the report, and to show that he acted by authority.

In glancing the eye over the report, we cannot see the particular object of the treatment, unless it was to affect the system with mercurials. But if such were the case, it does not seem to have been consistently carried out; for they were discontinued occasionally, and not uniformly so combined, or in such quantities, as to have expedited that effect. It is pleasant, in the report of a case, to see some clear and well-defined idea in the reporter's mind of the exact character of the disease, and to find the treatment, subsequently pursued, possess fitness and purpose. This pleasure, which simulates medicine to the exact sciences, will be afforded to but few by the perusal of the report before us; in vain will he turn over its pages to see why all that was done, *was* done, unless he be satisfied with the solution, that the comfort of the President, and the palliation of every unpleasant symptom that might occur, was alone the duty and purpose of the physician. Pills were given when the bowels had not been opened, and discontinued when they were. Brandy-toddy was given and nourishment when he felt debilitated by the action of the medicine, and dispensed with to resume the medicine, when sufficiently stimulated. Opium was given in homœopathic doses when he was restless, or his operations too frequent, or he complained of pain, and laid aside for remedies that tended to arouse it again. In fact, the treatment seems to have had no decided character, to have been purely symptomatic, directed merely to the relief of the momentary difficulty, and not to the subjection of the disease; and this seems to have arisen from their fear of the age of the patient, and that ancient bug-bear in the profession, debility. They were too solicitous about supporting the strength, and added fuel to the fire they were called to extinguish. The very name and character of the disease was a matter of doubt, apparently, until the report had been revised; and on revision, so unsuited was the treatment to what is ordinarily termed pneumonia, there was an absolute necessity for hauling down the standard under which he had fought, and rearing another, to come off with any show of honor.

There is the most marked minuteness in certain portions of the report, particularly about details very unimportant, whilst the condition of the lungs is passed over with the simple expression, "on examination, was satisfied that the lower lobe of the right lung was the seat of pneumonia." Nothing more is mentioned; the reasons of this opinion, the sounds of the chest, other physical signs, and the progress of the affection in the lung, are not stated, the whole subject being passed aside, with the exception of the occasional mention of the cough and expectoration. Such an oversight in the report scarcely accords with the enlightenment of the profession, or that scrupulous particularity in watching and noting the important features of the disease, that the distinguished victim was entitled to. "It is proper to state," he remarks (after having said the President was very much relieved; and though the quantity of blood taken by the cups was very small, he felt the effect of its loss, breaking out into a free perspiration, complaining of nausea and a sense of faintness), "that my intention, after the examination, was to bleed from the arm; but upon

witnessing the effect that position had on his pulse, &c., I preferred the cups." We can scarcely understand this; he does not say what effect position had on his pulse, and gives as a reason for not carrying out his intention, at which the very phrase seems conscience-stricken, no reason at all, and a &c., unless we consider the last words of the sentence, "he preferred the cups," as such. This case is an anomaly:—a very small quantity of blood, taken by cups, produced faintness and nausea in a full-grown person, free from nervous disability, when but an instant before, the physician felt authorized to take blood from the arm. We do not know whether cups have done more good or evil in the profession of medicine; time has been lost in their trial, and valuable and energetic means deferred till too late whilst trusting to their effect. The physician, to save himself the trouble of bleeding, or to quiet the patient who deems himself too weak to be bled by the lancet, prescribes cups, when perhaps the control of the disease is lost by such a course. The profession, however, seem generally to consider it as a fixed principle, that unless in chronic cases, cups should not be used, or are not deemed effectual, until after depletion by the lancet.

"The term pneumonia," he remarks, "was used because it afforded a succinct and intelligible answer to the numerous inquiries that were made;" but from the report it will be observed, it was not considered a case of pure pneumonia; "it was in fact one of our ordinary winter fevers of a low grade, of which pneumonic inflammation, hepatic congestion, and gastro-intestinal irritation, were the prominent traits." An answer not in accordance with the fact, we should suppose, is neither succinct nor intelligible, properly speaking; it had the effect of misleading the profession, and justly gave rise to that dissatisfaction among its members that exhibited itself in a certain quarter. But although the treatment of the case was not such as is usually pursued in pneumonia, and its termination unlike its ordinary form, the change of its name seems rather an after-thought, and appears as a lame apology, a mere attempt to disarm criticism. To our mind it was a case of insidious pneumonia; the chill, the character of the cough and expectoration, the state of the pulse, &c., according to the attendant physician's own account, with his location of the disease, are sufficient evidence of this. Instead of being in its origin a case of "ordinary winter fever of a low grade," it was a violent inflammatory attack, allowed to rage unchecked in one of the viscera most important to life, until nature, exhausted, sank into the low grade of fever, for the occurrence of which no necessity, in all human probability, existed, had timely and active measures been used, instead of cups, mustard plasters, and a Seidlitz powder. The termination of pneumonia in such a form, under such circumstances, is no novelty; and hence the variety of the disease, termed pneumonia typhoides. The *nursing* we cannot object to, for nothing else does it appear; but certainly it was beneath the dignity of the profession to have employed their talents and attention in those minor offices, which might as well have been attended to by less aspiring and cultivated minds.

A popular author describes pneumonia thus:—"Like other acute affections, it commences with shivering, followed by a hot stage, which is in

general pretty violent, unless in congestive inflammation, when coldness predominates. Pain is not a well-marked symptom in inflammation of the substance of the lungs; the patient complains rather of a tightness in the thorax; when pain exists, it is in general dull, instead of sharp. The cough is dry at the commencement, and continues very distressing and obstinate; the expectoration is scanty, viscid, and discolored from an admixture of blood. The pulse is variable in many respects, and practitioners should be very wary in depending upon it in the confident manner so generally followed, and more particularly in pneumonia, which I have known to go on rapidly to fatal termination, the pulse never exceeding the natural standard. With respect to the heat of skin, I have similar remarks to make, for although in many cases it may be hot and dry, yet in others it is below the natural standard. The tongue soon, in the course of this disease, becomes parched and dark colored; a dry, glossy tongue is always a bad symptom. In very severe forms of pneumonia, particularly when an extensive portion of the lungs is inflamed, and when effusion into the air-passages exists, or in cases accompanied by local congestion, the powers of life quickly give way, accompanied by symptoms usually denominated typhoid. In truth, this form of the disease has obtained the name of pneumonia typhoides. I object to the adjunct typhoides, as expressing erroneous ideas of the pathological condition of the body. Remissions of the complaint sometimes take place, and it is too much the custom at such times, either to omit the necessary remedies, or to be too solicitous about supporting the strength. The only certain test of pneumonia is that derived by auscultation." Under the head of treatment, he says, "the lancet is to be used freely. Even on this side of the Channel, bleeding is not always followed out as it ought to be;" nor on this side of the Atlantic, we should say. "I am persuaded, from experience in treating this disease, and examinations after death, that much more mischief is done by bleeding too little, than by bleeding too much."

In comparing the case of the President, as given by the reporter, with this account of pneumonia taken at random, there is a strong similarity, though that case was one of "ordinary winter fever of a low grade." But in comparing the treatment, we find them diverse as the poles. He attributes the ill success of the French in violent cases of pneumonia, to their "milk and water practice." This epithet, we fear, will be stamped on the report before us. The attendant physician, by way of apology, apparently, for the fatal termination of the case, informs us that the greatest prudence had scarcely preserved to a good old age, a constitution by no means robust, and shattered by early hardships and disease, and that the fatigue prior and subsequent to the inauguration, and the continual interruption to which he was subjected, rendered the termination of his disease rather a subject of regret than surprise. This may serve to satisfy his mind, but not ours, for we differ as to the facts. Who that saw his manly carriage, his rich color, and was acquainted with his frugal and active habits; who that listened to his full, strong voice, even after protracted effort, or beheld his hale old age, would have supposed him the worn-out, broken-down being, weak and decrepid, that is here depicted? From appearances and facts, one would, on the contrary, have adjudged him a constitution like an old

oak, over whose head many storms and winters had passed, but still standing proudly erect, strong and unscathed. Such was the opinion even of his enemies, who saw and heard him; and the contrary was denounced as a political calumny, that died away before the sight and knowledge of the man; and much do we regret to see it revived in this report, with an object apparently not more noble than its original one.

In conclusion, we forbore, for ourselves, to form any opinion until the publication of this report; to have done so, would have been unjust to the physicians who attended the President—in fact, equivalent to judging without the evidence before us. As we have stated, we deem it now as before the profession, and have exercised the right to notice it as a report and as a medical matter, without the slightest unkind feeling or personal thought as to those gentlemen. Our remarks may be too general, considering the limited criticism and authorities to which we have referred, but are not meant as offensive. If the report be defended, we shall feel ourselves bound to answer to the best of our ability and information; and if in error and convinced, will most freely confess it. We may be wrong, and ignorance and presumption may have led us into error; but we have given our opinion candidly, and justly, for what it is worth. To be corrected in it, will be a source of pleasure, rather than mortification. Truth can only be discovered by the agitation of debate.

YELLOW FEVER.

A LETTER ADDRESSED TO WM. INGALLS, JR., M.D., RESIDENT IN LAUREL HILL, WEST FELICIANA, LOUISIANA.

[Communicated for the Boston Medical and Surgical Journal.]

Boston. August 6th, 1841.

MY DEAR DOCTOR,—It is announced in the public prints, that the yellow fever is prevalent in Havana; and, as at former periods, it is not impossible it may make its appearance at New Orleans; and having been informed last summer, by your friend, Mr. Barrow, that the last time the yellow fever prevailed at New Orleans, it extended as far as Bayou Sara, fifteen miles from the place where you reside, and that scarcely an individual attacked with this malady recovered, I am induced to submit for your consideration the mere outlines of the manner in which I treated the disease, supposed to be imported into this city in the ship *Ten Brothers*, in the summer of 1819. To effect this object as briefly as possible, I shall relate the history and treatment of three of the worst cases that came under my care, which recovered.

CASE 1st.—I was called at early dawn to visit E. Shattuck, a grocer. The patient had been laboring under the disease about six hours. This was the most *ardent* case of fever I attended during the season. His eyes were bright and glistening, accompanied with a malignant and stern look; the face flushed, and did not assume the indescribable aspect*

* The appearance of the countenance has been represented to be similar to that of "any person with a florid complexion, during the burning of spirits of wine in a dark room;" to me as unsatisfactory a resemblance, as the highly extolled paintings by Henry Williams, Esq., in the room of the Board of Health; or as the description of the pulse by Dr. Rush, justly entitled to the highly honorable appellation of the American Sydenham.

peculiar to the yellow fever in less ardent cases, until the yellow suffusion made its appearance; the heat pungent and burning; the action of the heart—as indicated by the pulse—rapid, struggling and very irregular, imparting to the touch the sensation of fulness and hardness; and the countenance expressive of great anxiety and distress; pains in the head, back and limbs; the tongue was thick, narrow and pointed, with the borders red, and a white fur in the centre.

Treatment.—The first step taken was to shave the crown of the head; then the application of large linen cloths wet with cold water, fresh from the pump, was made to the head suddenly and repeatedly—this mode of applying cold water was substituted for affusion—until the violence of the action of the heart was, in some measure, abated, when a vesicatory was applied. After the application of cold water, an emetic, composed of six grains of tartrate of antimony, was given, which continued to operate copiously for about four hours; in this—and in most instances—accompanied with dejections. The stools and the matter ejected from the stomach were bilious. As soon as the vomiting ceased, the patient was ordered to make use of, for his common drink, an infusion of one ounce of the leaves of senna, and an equal quantity of balm* (*melissa officinalis herba*), in a quart of water. The infusion was continued until the discharges became small and assumed a brown color. At this period, which may be considered as the termination of the first stage, a remission took place, that lasted several hours, when the fever returned with aggravated force.

During the remission the patient was allowed to sit in a chair, until he took a cup of tea; and his bed-clothes and bedding, if necessary, were changed. The remission of the fever; the corresponding subsidence of its symptoms; and the consequent tranquillity experienced by the patient, were so great as would be likely to deceive the unwary practitioner. These flattering appearances were soon changed into symptoms of great severity and danger. In this instance a circumstance took place, which determined, with very considerable precision, the duration of the *first stage*. On the second day of my attendance, at 10 o'clock, there occurred a remission, which was announced by hemorrhage from the nose, amounting, according to my best judgment, to a gill. In about half an hour afterwards as much more blood was discharged. I saw the patient at early dawn, say 4 o'clock; from this time to the time the epistaxis happened was thirty hours; to this add the time at which we dated the attack, and it will make the duration of the first stage to be thirty-six hours.

The *second stage* was ushered in by a tense, circumscribed, and excessively tender tumor in the epigastric region, and the return of pernicious dejections.

Treatment.—To counteract the effects of these symptoms, a blistering plaster of four inches by five was applied, and the administration of the infusion of senna and balm resumed, and continued until the tenderness and tumefaction of the stomach subsided, when a slight remission followed.

The *third stage*.—The prominent symptoms of the third stage were a puffy or meteoric inflation in the hypogastric region, easily compressi-

* The balm is added to render the infusion more palatable.

ble—or, in other words, by no means tense—and but slightly tender when compressed; a cessation of the pulse in the radial artery; a lividness commencing at the fingers and gradually extending upwards to a little above the wrists, and at the toes to a little above the ankles; stomach extremely irritable—rejecting instantly the least particle of liquid; dejections had ceased—the last were small and of a brown color; and the patient lay motionless on his back. The lividity of the extremities remained more than twenty-four hours before it began to disappear; and it was nearly forty-eight hours before a slight fluttering in the pulse was perceived, or the stomach retained liquids. During the convalescence solid food was introduced with great caution.

CASE 2d.—August 29th, Mr. — Kimball was taken. He resided in Liberty square. He had been engaged in collecting the “scrapings of the hold of the ship Ten Brothers, and was consequently exposed to the fomites of yellow fever. I visited him at noon, just after Mr. Meriam (who was attended by Dr. Mann, Surgeon in the U. S. Army), with whom he boarded, had expired. He had been indisposed several hours before I saw him. His symptoms at the onset and during the course of the disease were not of so high a grade as in the first case. A similar course of treatment was adopted, with the exception of the application of cold water and the vesicatory. The duration of this stage was conjectured to be about forty-two hours.

The remission, which occurred on the morning of the 31st, lasted from six to eight hours. During this period he sat up in his chair some time, drank a cup of tea, had his bed made up afresh, and was perfectly tranquil till 4 o'clock, P. M., when

The *second stage*, as was anticipated, commenced, attended with symptoms similar to those in the first case; and, of course, a similar mode of cure was pursued.

The *third stage* presented the same phenomena as in the first case, and similar remedies were prescribed. It, perhaps, may be proper to observe, in this case, that the irritability of the stomach was not so great, nor the cessation of the pulse of so long continuance, nor the lividity of the hands and feet of so deep a hue, as in the first and third cases.

CASE 3d.—Sept. 7th, 1819, J. W. was seized with the fever. The source whence the disease originated was not ascertained. His sister was previously attacked with the fever, of which she died. In Mr. W.'s case the several stages of the disease were as well marked as in the first case, and the same course of treatment was observed, with the exception of the application of a vesicatory to the head. In the last stage, when the pulse had ceased to throb, the hands and feet were intensely livid a little above the wrists and ankles, and the stomach became excessively irritable; abstinence from liquids was rigidly enjoined; on my evening visit, however, I found a large pitcher of water was placed on a chair by his bed-side. I expostulated with him and the family for the breach of my express command. His bed was placed in the centre of a large square room, for the purpose of rendering the advantage to be derived from ventilation more complete; and, notwithstanding my positive injunction to abstain altogether from liquids, he took the pitcher and drank a large draught of cold water,

which was instantly rejected with such force as to strike the opposite wall; and notwithstanding my apprehensions, that this indiscretion would render the case desperate, nothing occurred to show that this act was attended with the slightest inconvenience.

[To be continued.]

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY S. D. TOWNSEND, M.D., SURGEON.

[Communicated for the Boston Medical and Surgical Journal.]

TENOTOMY.—J. W., aged 35 years, entered the Hospital July 15th, with contracted knee. When five years of age was badly scalded, leaving an eschar extending from the nates on the right side, along the under and outer part of the limb, to the foot. Ever since the accident there has been an ulcer on the back of the leg, over the head of the fibula. About two years ago another ulcer broke out in the old cicatrix, since which time it has continued to spread until it covered a space commencing six inches below the trochanter in the direction of the biceps muscle, to about five inches below the knee. The ulcer was offensive and ill-conditioned, with a raised and jagged edge. For the last six months the limb has been contracting, until it became fixed at a right angle, obliging him to resort to crutches. The knee-joint was not involved in the disease, as the limb could be fully flexed upon the thigh, but not extended beyond the right angle. Latterly his health and strength has failed him, and all attempts to heal the ulcer has been unsuccessful. He came to the Hospital with the intention of submitting to amputation if no relief could be afforded him, but the case did not seem to require so severe an alternative. If the ulceration which existed over the biceps muscle was kept up by the contraction of that of the opposite ham-strings, dividing the tendons would restore the limb to its normal position, and a healthy condition of the ulcer would probably ensue.

With this view of the case, on the 23d of July, I proceeded to the operation in the following manner: The patient was laid upon the operating table upon his face, and extension of the limb kept up by an assistant. The thickened and ulcerated cellular substance was divided for about an inch, until the tendon of the biceps was exposed, this was then divided, and it then became necessary to extend the incision two inches on the outside of the knee, through the hardened and contracted skin, which gave sensible relief to the limb. The popliteal nerve was now fully exposed. The tendons of the semi-tendinosus and membrinosus being the only obstacles remaining to full extension, were divided with the tenotome, by the subcutaneous method. Very little blood was lost during the operation, and no vessel required tying. The cavity made by the operation was filled with scraped lint, and covered by a wet compress. He suffered much during the ensuing evening from spasmodic twitchings of the limb, and it was necessary to give a large opiate to quiet him. For a few days after the operation extension of the limb was attended with much pain, but was relieved by poultices and opiate fomentations.

On the 30th the wound began to granulate; the ulcer continued stationary. To the latter the nitrate of silver was applied, and subsequently the caustic potash, under which treatment it now (August 10) presents a more healthy aspect, while the limb is extended with ease, with a fair prospect of being ultimately useful.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 18, 1841.

YELLOW FEVER AT NEW ORLEANS AND HAVANA.

SINCE the reference which was made last week to this disease, information has been received that several cases have occurred at New Orleans, attended with a fatal termination in one or two instances; but at the Charity Hospital not a patient had been received with it. At Havana the yellow fever is frightfully rife in the shipping. Scarcely a vessel arrives from that port that does not report the melancholy loss of several of the crew by it, and at the latest date nine American vessels were lying there without a man aboard. A sad catalogue of deaths may be anticipated at both places, before that scourge of tropical climates has expended its strength.

Report of the Treatment of the late President Harrison.—A communication appears in the Journal to-day, that will be regarded with attention, it is apprehended by practitioners generally. The circumstance of receiving the manuscript brings to mind an inquiry made some time since by an intelligent gentleman, whether the attending physician's account of the manner of treating the disease of which General Harrison died, was drawn up by himself? Now it cannot very well be concealed, since rumor has taken control of the story, that very many conceive that the scientific supervision of a medical gentleman in Philadelphia was thought quite necessary to give completeness to a report, which had been *roughed out* at Washington, but was thus finished according to modern requirements of literature and science. Some people, it is well known, are not satisfied with relating a discreditable fact, without giving it some important additions which might not be improbable: hence the suggestion that the prescriptions in the medical report were constructed cautiously, under the vigilant supervision of a scholar, some time after the death of the illustrious patient. If we could ascertain the truth of the matter, it would be exceedingly gratifying. Not knowing, with certainty, whether envy or ignorance is at the bottom of these reports, a hope is entertained that those who can, will clear up the mist that now envelopes a matter in which the whole profession feels an interest.

Southern Botanical Medical Journal.—A new semi-monthly, in double large-sized octavo columns, has just commenced existence at Forsyth, Geo., under the editorial direction of the faculty of the *Southern Botanical-Medical College*, a newly incorporated, mongrel institution, located in that place. No. 2, the only one in the series that we have seen, shows

no little intellectual poverty, though not quite equal in this respect to some of its botanical cotemporaries. For example, there is one long article on the discoveries of Baron Haller, who died before any of the present generation were born. The recent discovery of the circulation of the blood, by one Dr. Hervey, of England ought to be in type for the next No. Next follows that old sing-song Jeremiad—the burden of medicine mongers—*mineral poisons*. A sticky comment on Burgundy Pitch, together with a light paper on *butter-fly weed*, and a soporific dissertation on *goose grass*, are the other prominent papers. One of the elite of the reform school, Dr. Wm. H. Fonerden, a professor of botanical theory and practice, has sadly betrayed the interests and dignity of the new College, for which he has been expelled, post haste, and to finish him, the Masonic Lodge, No. 18, of Georgia, expunged him also. The Journal is behind the age, all of two hundred years. If the faculty who are entrusted with its interests can make no better show of talents than this specimen exhibits, they had better dabble in something less adhesive than Burgundy pitch, which is bad stuff to meddle with in dog-days.

Plague and Smallpox.—The plague, which is continually sweeping off multitudes of human beings in some part of the Eastern world, after having expended its force of late in Alexandria, was abating at the last dates, At Cairo, thirty deaths a day had suddenly risen to sixty-five; and yet medical amateurs talk about the non-contagiousness of plague, as speech-makers in the Massachusetts Legislature did of smallpox, a few years since—making it out clearly, to the comprehension of the General Court, that it was real sport to have the smallpox, it was so much milder than moonshine. Still, in the face and eyes of such conclusive forensic reasoning as characterised that particular session, when certain old health laws, as they were called, underwent some beautiful modernising processes, as the spirit of the age required, the smallpox has not failed from that day forth, in this same Commonwealth, to carry more people to the grave in six months, than in the old, but unpopular, regemè, would have died by it in three years.

Superintendent of the New Hampshire Hospital for the Insane.—Geo. Chandler, M.D., for many years assistant physician in the Lunatic Hospital at Worcester, has been appointed Superintendent of the new Institution in New Hampshire. We have a distinct recollection of hearing Dr. Woodward speak of this gentleman as admirably fitted by nature and education for a situation like the one to which he has been elected. Workmen are busily engaged on the new building for the N. Hampshire Institution, which is pleasantly situated in Concord.

Animal Magnetism in Salem.—Notwithstanding the unenviable notoriety of the Collyer farce in Boston, Salem, only fourteen miles distant, is represented to be solemnly impressed with the mighty claims of the wizard. Worse than all, we hear that gentlemen of respectability are actually disgracing themselves by being on a committee to decide upon these claims. If gentlemen of the high professional distinction of Drs. Peirson, Johnson, Treadwell and Choate, of that city, do not open the

eyes of the community to the true character of the lecturer, they certainly will have neglected a duty.

Soldier's Hospital.—Orders were lately received at Savannah for fitting up the barracks in that city, for the reception of the sick soldiers from Florida. From all accounts, the loss of life from the commencement of the Seminole war, has been far greater by disease than by powder and balls.

Asylum for the Insane in Pennsylvania.—We learn from the Medical Examiner that at the last session of the Legislature of Pennsylvania, \$120,000 were given for the purpose of establishing a State Insane Asylum. The Governor has appointed John K. Kane, George Rundle, and John W. Ashmead commissioners for building the asylum, and the following gentlemen trustees: Richard Rush, Dr. George McClellan, John White, for one year. Isaac Collins, Michael W. Ash, C. Wallace Brooks, for two years. Jacob Lex, Dr. R. Duglison, James Campbell, for three years.

Berkshire Medical Institution.—The twentieth session of the Berkshire Medical Institution opened on Thursday last with the most flattering prospects. From 70 to 75 young gentlemen are now in attendance, and others are daily arriving. There is a prospect of a larger class than has attended for many years. The liberal patronage given to the Institution shows the estimation in which it is held by an enlightened public. The present faculty are men highly distinguished for their attainments in medical science.

Poisoning by Acetate of Lead—Lead found in the Urine.—A young girl of good constitution, driven by despair to suicide, took about an ounce of acetate of lead in solution. She was almost immediately seized with collapse and syncope, and afterwards with vomiting and convulsions. Sugared water, sulphate of magnesia, and sulphate of soda were given, but she died in twenty-five hours. She voided a large quantity of urine, which M. Villeneuve sent to M. Orfila. Carbonized, treated by nitric acid, and submitted to the tests of the salts of lead, this urine afforded a sensible quantity of lead.—*Journal des Connoissances Médico-Chirurgicales.*—*British and Foreign Med. Review.*

Antimony in the Urine.—At the sitting of the Royal Academy of Medicine, Dec. 8, 1840, M. Husson stated that he had given a scruple of tartar emetic to a patient affected with pneumonia in twenty-four hours. It produced neither stools nor vomiting, and on the urine being examined by M. Orfila, with Marsh's apparatus, it afforded the antimonial stains in great abundance.—*Archives Gén. de Médecine.*—*Brit. and For. Med. Review.*

Acetic Acid in Headache. By ROBERT HOWARD.—Some years since I was induced to suppose that acetic acid, if properly administered, would prove an efficient remedy for common headache; and on making a trial of it in a severe case, which previously existed many hours, it succeeded completely in a very short time. I have since had many opportunities of

trying it in nervous headache; that arising from disordered stomach; headache following sea-sickness; and the too liberal use of wine. In almost every case in which I have employed it, complete relief has been the result; and that generally in less than two hours, and after three or four draughts.

In those cases in which the stomach is incommoded by offensive matter, it should be evacuated previously to the exhibition of the medicine. I have found that irritating the fauces has answered the purpose much better than giving emetics: in the greater number of cases, however, it will only be necessary to commence by giving—R. Acetic acid, 3j.; compound tincture of cardamoms, simple syrup, of each, 3ss.; water, 3x. To be taken every twenty minutes, in the form of draught. One of the above draughts given early on the approach of an attack of headache, has often effectually warded it off.—*Lancet*.

Treatment of Epilepsy by cauterization with Potash.—Dr. Fievec, de Jumond, has published in the *Gazette des Hopitaux*, some cases of epilepsy cured by severe cauterizations, and he invites the attention of practitioners to this measure, which he says he has resorted to successfully a number of times.

It is well known that epilepsy has been cured by the patients falling into the fire and severely burning themselves, and we presume this fact suggested the remedy just noticed, at all events it seems to afford encouragement to try the measure. We shall notice one of Mr. F.'s cases.

M. B., aged 45, strong constitution, has been epileptic for fifteen years. The attacks usually came on two or three times a month, and the patient had ordinarily two in the twelve hours.

Nineteen deep and large cauterizations made with caustic potash on the neck, on each side of the cervical and dorsal vertebæ, in series of four each time and at intervals of six weeks completely cured this long-continued and horrible disease. Three years have elapsed without a single attack to interrupt the security of the patient or the satisfaction of the physician.—*American Journal of the Medical Sciences*.

Fleet Surgeon.—Dr. G. R. B. Horner is ordered from his station at the Naval Asylum, Philadelphia, to the Delaware, to go out as surgeon of the fleet. It is not considered a hardship to be sent to sea by this class of officers, as their compensation is very considerably augmented by being afloat.

MARRIED,—At Charlestown, Mass., Henry Lyon, M.D., to Miss C. M. Thompson daughter of Abraham Thompson, M.D.

DIED,—On board the U. S. Ship *Pennsylvania*, at Norfolk, Va., Dr. John R. Chandler, surgeon in the U. S. A.—In Boston, Dr. Adams Emery, 35, formerly of Exeter, N. H.—At Charleston, S. C., Dr. David Sarzadas, 81.

Number of deaths in Boston for the week ending Aug. 14, 47.—Males, 22; Females, 25. Stillborn, 3. Of consumption, 6—injuries, 1—bowel complaint, 5—fits, 7—teething, 3—jaundice, 1—infantile, 3—lung fever, 1—phthisis, 1—diarrhœa, 1—hooping cough, 1—scarlet fever, 1—typhus fever, 2—cholera infantum, 1—disease of the brain, 2—smallpox, 1—old age, 1—phlebitis purpural, 1—dysentery, 6—chronic hepatitis, 1—cholera morbus, 1.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:—

JOHN C. WARREN, M.D.

WALTER CHANNING, M.D.

ENOCH HALE, M.D.

GEORGE C. SHAFTUCK, M.D.

GEORGE HAYWARD, M.D.

JOHN WARE, M.D.

JACOB BIGELOW, M.D.

JOHN RANDALL, M.D.

At the annual meeting of the Committee, July 28, 1811, the Boylston Premium, of fifty dollars value, for the best Dissertation on the question—"To what extent is disease the effect of changes in the chemical or vital properties of the blood?" was awarded to J. F. W. Lane, M.D., of Boston.

The questions for 1812 are, 1st—"To what extent is the human system protected from smallpox by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?"

2d. On the diseases of the kidney; and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., of Boston, on or before the first Wednesday of April, 1812.

The following subjects are offered for 1813:—

1st. The best method of warming and ventilating rooms for preventing and curing disease.

2d. The structure and diseases of the teeth, with a numerical solution of the question, Can caries of the teeth be retarded by mechanical processes?

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1813.

The author of the successful dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

Unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if applied for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author is considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Boston, July 29, 1811.

A. 4—4w

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841—42

THE regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MITTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mitter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

ROBERT M. HUSTON, M.D., Dean of the Faculty.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by

Theory and Practice of Physic, by

Materia Medica and Therapeutics, by

Principles and Practice of Surgery, by

Obstetrics, by

Anatomy and Physiology, by

BENJAMIN SILLIMAN, M.D. LL.D.

ELI IVES, M.D.

WILLIAM TULLY, M.D.

JONATHAN KNIGHT, M.D.

TIMOTHY P. BEERS, M.D.

CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

CHARLES HOOKER, Sec'y.

Yale College, New Haven, July 6, 1841.

Jy 14—tsep28

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XXV.

WEDNESDAY, AUGUST 25, 1841.

No. 3.

DISEASES OF THE OVARIA, WITH CASES.

[Communicated for the Boston Medical and Surgical Journal.]

Extract from a Lecture given by PROF. A. TROWBRIDGE, before the Medical Class of the Willoughby University of Lake Erie, 1841.

* * * * * THUS I have given you some interesting and important anatomical and physiological facts in relation to the ovaria, with a history of some of the most important diseases of these organs, and their treatment. As cases of dropsy of the ovaria are very common, and, I believe, but little understood by physicians in general, and as they call for surgical aid, and involve some important practical facts, I will relate a few cases which go to demonstrate what I have brought to your view, and to support the propositions which I contend are correct in practice.

Ovarian dropsy at an advanced stage resembles ascites, and it is difficult to distinguish the two affections. The abdominal enlargement is at first not uniform. It begins on one side, a little above the pubis. The system is disturbed only by its pressure and irritation on the abdominal viscera. The general health at first is but little impaired; no thirst attends, or scanty secretion of urine. If one ovarium only is affected, which is generally the case, there is a catamenial discharge.

In the treatment of ovarian dropsies, bloodletting, mercury, iodine, diuretics, emetics, friction, percussion, and a variety of other remedies, have been recommended, and used by writers, and are found to be of little use. When the distention becomes great, the trocar must be used, and by a repetition of tapping, the life of the patient may be prolonged. To cure, a different course of treatment must be adopted. In support of this opinion I will relate a few cases, with their treatment. I reported a case of ovarian disease, cured by an operation, which was published in the Boston Medical Intelligencer of the 9th of October, 1827, Vol. V., page 337. Soon after the publication of this case, I treated several others successfully, in the same manner, by opening and placing tubes. I would, remark in relation to Mrs. H.'s case reported, that she recovered, and bore a healthy child two years after the treatment referred to.

A similar case was that of Mrs. Fuller, of Jefferson Co. N. Y., who had been a patient of Dr. Goodale for several months previous to my being called. Mrs. F. was a delicate, feeble woman. She had been married about ten years, and gave birth to one child four years after marriage. Three years after this, she discovered a small, hard body within the abdomen, on the left side, above the pubis. At first, it was attended

with no pain, but in twenty months it was enlarged and extended across to the right side, producing a uniformity of enlargement of the lower part of the abdomen. It was now considered a case of dropsy, or ascites, and treated as such. Drastic, cathartic and depleting remedies produced great debility, without diminishing the abdominal enlargement.

In consultation I advised treatment for ovarian disease, or dropsy, by making a free opening and placing a tube. This course was adopted, and about three quarts of fluid were let out. After the tube was placed, a discharge of fluid followed daily for a number of weeks. The enlargement diminished, and was brought to a small compass. Some pain about the opening and feverish excitement of the whole system attended during this process, and finally a small tube was worn for five months, when the parts appeared sound, and she in her usual state of health.

Mrs. Carter, of Jefferson Co., N. Y., aged 27 years, had been married about four years. Two years after marriage, perceived a tumor on her left side over the pubis. Twelve months from its discovery, she became pregnant, and about the fifth month of gestation, I was consulted in her case. She was suffering from great distention of the abdomen, which was uniform; constant pain around the whole abdomen, with chills, followed with fever daily; and was also subjected to the usual symptoms attendant on pregnancy. The history of her case, given by herself and attendant physician, induced me to think her sufferings were occasioned by a sac formed from the ovaria, combined with the enlargement of the uterus from the progress of gestation. I advised an opening, which was made by passing the trocar, in the usual way of tapping, in the left side. About five quarts of fluid were drawn off. This lessened the tension and distress, and gave immediate relief. A tube was then placed, and worn about five weeks, and a constant discharge followed. It was then removed, and she passed on to the usual time, and was delivered of a healthy child. Her recovery from this process was favorable; but a small, hard tumor was discoverable near that portion of the abdomen where it first made its appearance. This remained stationary for about two years. She then became pregnant and gave birth to another child. Soon after this the tumor enlarged and produced a uniform distention of the abdomen. In consultation, I advised tapping, and a discharge of seven quarts of fluid, of a chocolate color, followed. She was attended with symptoms of a morbid state of the parts; chills followed, with fever; great soreness of the parts and tenderness over the abdomen; sickness at the stomach, faintness and emaciation. She continued in this declining state for six weeks, and expired. No examination was made after death.

I was consulted in a case of an unmarried lady, at the age of twenty years, who was supposed by her friends to be pregnant, though they had no ground for their suspicion except her external appearance, which was an enlargement of the abdomen. There was but little derangement of her system, or secretions. Her health was good; but a gradual enlargement of the abdomen had been observed for several months previous to my seeing her. No medical opinion or aid had been obtained. Evident fluctuation was perceptible, and her history of the commencement and progress of the case induced me to believe it was an ovarian dropsy.

The usual remedies for ascites were applied, without giving relief. The trocar was then used, and there was a discharge of about five quarts of fluid. This gave relief for about two months, when an enlargement again took place as before. This confirmed me in the opinion that it was ovarian dropsy. After the tapping, from the circumstance of a hardness being felt over the colon, on the left side of the abdomen, a tenderness was discovered by slight pressure. She consented to an opening, and I made an incision three inches long, beginning at the linea alba, and carrying it in the direction of the oblique abdominal muscles about three inches. After the peritoneum was opened, four quarts of fluid were discharged; no sac or diseased ovaria was found. The whole peritoneal lining of the abdomen, as far as it could be examined, was in a state of chronic inflammation, much thickened, and everywhere covered with small blotches or pimples, resembling distinct smallpox. Here was an entire mistake in her case. It was chronic peritonitis, which had occasioned the effusion of fluid into the cavity of the abdomen. It was a case of ascites, and the enlargement or hardness on the left side of the abdomen was an enlargement of the colon and thickening of its coats. The incision was united by adhesive plasters and secured by bandages, and treatment for chronic peritonitis accomplished a cure. This appeared to be expedited very much by the effects of the incision. A discharge of fluid was kept up for several weeks. She entirely recovered, and went again on service in the domestic business of house-keeping.

I was in consultation with Drs. Miller and Perry, at Lewville, Lewis Co., N. Y., in an interesting case of ovarian dropsy. Miss Chapman, aged 21, first discovered an enlargement on the left side, near the pubis, at the age of 19. It soon extended to the right side, and produced a uniformity of enlargement of the whole abdomen, and suppression of catamenial discharges. Dr. Perry treated her for retention of menses, and finally for ascites. No relief was obtained, but a rapid increase of enlargement of the abdomen, and great feebleness from drastic cathartics and other medicine. Two days before I was called in consultation, her respiration had become so difficult from pressure on the diaphragm, that tapping was recommended by Dr. Miller, and the operation was made by passing a large trocar in the usual place on the linea alba. This instrument was passed its whole length, but no fluid obtained; and this was the cause of my being called in consultation. On meeting the gentlemen, and hearing their history of the case and some remarks made by the patient, I was satisfied her case was ovarian dropsy, and that the failure in the operation to obtain fluid, was owing to the body of the ovarium being enlarged and resting against the portion of the abdomen where the trocar was introduced. This I had discovered was a difficulty to be met with in tapping for ovarian dropsy. This is a practical fact, which is of importance to remember when you become practical surgeons. I had supposed the old mode of introducing the trocar on the side between the umbilicus and the anterior superior spinous process of the ileum in all cases of females, was the most safe and proper. This was immediately done in this case, and seven gallons of fluid drawn off. After this her respiration became free, and the parts diseased readily ascertained. A hard body

was discovered under the median line, extending to the left ileum and side. It was a diseased ovarium—ovarian dropsy. Paracentesis relieved her, but this could only be temporary. Submitting the case to time with the usual treatment, would be to obtain a new accumulation of fluid, and cause a repetition of tapping, till the system was prostrated and life terminated. This was explained to the patient and friends, and a course for a more permanent result by opening, removing the membranous formation, placing tubes, &c., was explained; but the palliating course was selected by the patient, and the other was not urged. Several tappings took place afterwards, and she was attended with a gradual decline till death closed the scene. A post-mortem examination was made by Dr. Miller, and the facts in the case communicated in the following letter.

Lewville, May 26, 1828.

“DR. A. TROWBRIDGE.—Dear Sir—Miss Chapman died on Wednesday last, and the same day I examined her case by dissection. The disease was found to be a dropsical state of the left ovarium. There was no fluid in the cavity of the abdomen, neither do I think there ever had been. The fluid was all contained in a cyst, and whenever she had been operated on to draw off fluid, the puncture had been made through the cavity of the abdomen into the cyst. The cyst containing the fluid was so distended as to fill the whole cavity of the abdomen. There was a slight adhesion of the cyst to the peritoneum a little below the navel, surrounding the spot where the puncture was first made. There was likewise a slight morbid adhesion of the cyst to the omentum over the stomach, which I took to be of recent origin. All the adhesions were easily separated by my fingers, without the assistance of a knife. After I had separated the cyst and brought it to view, I easily raised the whole from the abdomen, held only by the left Fallopian tube. After dividing this the tumor was separated from the body, and I had a fair chance to examine it. The cyst was in a collapsed state, as there had been for a week before she died about two or three pints of fluid discharged every day from the opening, attended with much fœtor. The cyst embraced three distinct tumors, besides a distinct cavity from whence we drew so much water. In this cavity was deposited, at this time, three pints of fluid, and pus or sanies. One of the tumors, the largest, lay near the point first tapped, the one so distinctly felt when you were here. It was irregular in its shape, and would weigh nearly three pounds. This tumor had a healthy appearance, but resembling a fungous growth. There was another tumor a little below the navel, about as large as a goose egg. This looked like the ovarium itself in an enlarged state. On opening it a number of vessels were found, containing a transparent fluid. It was this which was wounded and caused some hemorrhage at the time I attempted to draw water, prior to the time you was called in counsel. These, with other small tumors, were enveloped within the membrane surrounding the whole. It appeared as if the ovaria had been ruptured, and these distinct tumors were fragments detached from each other, and lining organized bodies of a fungous growth. The tumor below the navel, which had been wounded, was

morbid in part, and most of the purulent matter, I think, came from that tumor and the internal surface of the cyst adjacent.

"I have now no doubt a surgical operation in season would have saved our patient. All that would have been necessary would have been to make an incision large enough to ligate the Fallopian tube and remove the cyst with its contents. It would have been unnecessary to use a knife within the abdomen, except to cut the Fallopian tube. Had you seen the dissection, I think you would have felt as I did, and lamented very much that an operation had not been performed. All the chylopoietic viscera were healthy, and I think there could not have been more circumstances combined to have rendered your proposed operation successful.

Respectfully yours,

A. MILLER."

I was consulted in the case of Miss Whitney, in Ohio. She was 49 years old. She had been diseased in the abdomen thirty-two years, and various opinions and treatment had been given her during this time. A great and uniform distension of the abdomen attended her during the latter part of this time, with much difficulty in sleeping in a recumbent posture. The secretions of her system with its healthy actions, had been but little interrupted or deranged. She suffered much two months before her death by gastric irritation, difficulty of retaining food, &c. A medical consultation was held, and paracentesis resolved upon. This was made by passing a lancet and tube into the abdomen through the linea alba, and three quarts of fluid abstracted. It was called pus, but was of the color and consistence of whey, mixed with chocolate, and emitted much stench. No diminution of the enlargement followed, nor could there be any produced by compression. She expired in a few days after this operation.

Post-mortem examination, fourteen hours after death, developed the following appearances. The body extremely emaciated; a very uniform enlarged abdomen, solid and incompressible. On dividing the integuments, muscle and peritoneum, the last was found adhering firmly to a cartilaginous body or sac of one quarter of an inch in thickness, and in some places it was half an inch thick and partly made up of bone, so firm that no impression could be made upon it with a knife. This sac occupied the whole of the right side of the abdomen and part of the left. It had pressed the viscera of the abdomen to the left side of the spine, except the right kidney, uterus and bladder, which were found in their natural state and position. The shape and size of the sac were like a ten-gallon keg. On opening it a quantity of foetid gas escaped, and about five gallons of fluid were taken out of it similar in color and consistence to chocolate; the whole interior of the sac was lined with a deposit, of the consistence of curdled cheese, easily wiped off from a membranous surface, in a state of gangrene. The liver and stomach were pressed into the left side, bounded by the diaphragm above, the morbid sac over the spine, and the bowels below. The diaphragm of the right side, the cervix portion of the liver, the duodenum, some portions of the omentum and the surface of many portions of the bowels adhered firmly to the sac. All the compressed viscera were diminished in size. The whole extent of the colon was so small that it was difficult to trace it out in the dissection.

The liver appeared to be sound, but of little more than half its natural size. Death and gangrene had pervaded the whole of this sac, and to the peritoneal lining which adhered to it. Its long pressure upon the transverse muscles on the right side had produced a changed state and thickening of these parts, which corresponded to the state of the ovarium and Fallopian tube on this side, which was in an enlarged and scirrhus state, and formed one enlarged mass, and now in a gangrenous state. Distinct tubercular formations were numerous in the cellular and muscular portions over the right side. The body of the uterus was healthy and natural, as well as the left ovarium and Fallopian tube. These, with the bladder, were pressed low into the pelvis.

This was undoubtedly a disease of the fibrous envelope of the right ovarium in the first place. A deposition of fluid took place, similar to what occurs in hydrocele in the male. A tumor made its appearance above the pubis near the median line to which it afterwards approached, and increased in size, till it produced a uniform enlargement of the abdomen. An obscure chronic process in time thickened and produced a cartilaginous state of the cyst, attended with but little or no pain or tumefaction. In cases of long standing this changes to an osseous state, as does the tunic vaginalis in hydrocele. The dissection in this case proved that it was not the entire organ of the ovarium that was converted into the sac. This organ was found enveloped in the sac, enlarged and scirrhus, and this was probably a secondary affection, occasioned by pressure and congestion from interruption of its functions. The same frequently happens to the testicle in hydrocele, and often the reverse happens with this organ, an accumulation of fluid following a scirrhus state of it. From what I have remarked, you perceive, that the development of the ovaria at the age of puberty, has much to do in producing the changes in the intellectual and physical condition of females, and that it is to changes in its vesicular body, at the time of menstruation, that all the phenomena of that singular process are to be referred; and that it is not to the uterus, but to the ovaria, that we may attribute all the changes in the female pelvis, mammae and uterine system at puberty. Menstruation does not take place till the ovaria are developed. After the age of 45 or 55, this secretion ceases because the structure of the ovaria has partly disappeared, and their vesicles have shrunk into a thick, opaque cyst. In many cases of disordered menstruation, chlorosis, &c., the uterine appendages are diseased, and when irritation, congestion or inflammation is removed, there is recovery. In puerperal fevers the ovaria are inflamed and their structure often disorganized. Abscesses form and pus is secreted.

And you perceive that the ovaria are subject to cysts and tumors which pass through morbid changes and become cases for surgical treatment. In giving you the few cases which I have very briefly detailed, they may assist you in forming an opinion on these interesting subjects.

* * * * *

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 35.]

REMARKS.—The narrative of the following fatal case is here introduced, it may, in some measure, serve as a guide in the treatment of this malady.

August 15. Wm. McFarland, a house-carpenter, was attacked. On Friday previous to the incursion of the fever he was indisposed, and called on me for advice. The arteries of the tunica conjunctiva being rigid, the pulse somewhat accelerated, and the tongue coated, denoted a period of incubation had commenced. These symptoms were so evidently indicative of the approach of the disease, I did not hesitate to advise him to go home, and make use of such remedies as the state of his case required. He was desirous of not relinquishing business till after Saturday, for on that day, as is customary, he wished to pay off his hands, as well as to finish some work he had promised to do. I remonstrated against delay, as it would greatly lessen the chance of recovery, but without effect. On Sunday I was sent for, and found him laboring under the disease. His head was shaved, and cold water applied in the usual manner, at various times in the course of the day, until it had the effect of inducing torpor. Being apprehensive this result might prove to be disastrous, recourse was had to such remedies as were calculated to produce most speedily a reaction. It did not appear, however, that the course of the fever was much disturbed by the occurrence. Mr. McFarland was sick in the upper room of a house in a block of buildings, and his wife, who was then on the 14th, lodged in a lower room of the adjoining house. She rose on the night of the 17th, descended two flights of stairs, went out of doors, entered the room where Mrs. McFarland lay, and encamped on the floor. Thus, there was an interruption in the continuity of treatment, which is considered essential to the cure. On the fifth day, the powers of life being much prostrated, I procured a bottle of claret wine of a superior vintage, and permitted the patient to drink of it *ad libitum*. It was about 3 o'clock when he began to drink of the wine. At that time he sat up in a chair and conversed with me some time; his intellectual faculties through the whole course of the disease had not been much impaired. He expired about 6 o'clock. It appeared to me the case was far from being attended with a beneficial effect. From this case I drew the inference, in two important respects, that the application of stimulants may be persisted in too long; and that stimulating remedies in the late stage, owing to their being liable to bring on re-action prematurely, should be avoided.

THEORY.—The cause of *yellow fever* produces an inflammation* of the mucous membrane of the stomach, intestines, and the pori biliarii.† That the inflammation partakes, at least in one respect, of the nature of erysipelas,‡ appears from its frequently commencing in one portion of the

I am aware that Baron Louis says the inner membrane of the biliary ducts was not inflamed; he has not shown what were the particular tissues that suffered from the action of the contagion, "cause" of yellow fever.

"Nor can we regard this alteration of the liver"—"speaking of its paleness—as the product of inflammation."

"Un des caracteres non moins remarquable d'erysipéles, et qui lui mérite ce nom, c'est la fœdité de laquelle la phlegmasie se déplace, et tend à gagner en étendue."

alimentary canal, and being alternately diffused over its whole extent, either uniformly, or in successive patches. In confirmation of this position, in many instances in 1798, the first intimation of the approach of the yellow fever was pain in some portion of the digestive tube, to which soon succeeded unequivocal symptoms that it had taken possession of the system. In the course of my practice in the same year, I met with two persons, each of whom complained of pain and tenderness in the iliac region, embracing a spot of an extent just sufficient to cover the region of the cæcum. I told them these affections arose from an inflammation, which was the precursor of the prevalent fever, and that as soon as it extended as far as the stomach, its appropriate symptoms would make their appearance. My prediction was verified. Again, it appears from the anatomical investigations of Baron Louis, in his invaluable work on the yellow fever at Gibraltar, translated by G. C. Shattuck, Jr., M.D., that, at times, the "cause" of the disease acts with unequal energy on the several portions of the digestive canal, and even on different parts of the liver; so that the features of the disease are modified according to its seat, as well as the intensity of the inflammation. The fever does not assume its true character, or proper type, until the inflammation* reach to the mucous membrane of the *pori biliiarii*, and excite a secretion of acrid bile, which irritates the already too susceptible membrane of the digestive tube. To remove this source of irritation, I placed my chief dependence on the thorough evacuation of the contents of the stomach and intestines. I did not, however, neglect to employ such adjuvants as might assist in subduing this formidable malady.—I shall now proceed to describe the remedies that were prescribed, in the order in which they were administered.

Cold.—Having found cold applied to the head had a powerful effect in controlling the inordinate action of the heart, this remedy was resorted to in a degree proportioned to the violence of the febrile incursion. In severe cases, the head was shaved, and large cloths wet with cold water were applied suddenly and repeatedly, until an impression was made upon the central organ of circulation, indicated by the diminution of the frequency and irregularity of the pulse. In milder cases the shaving of the head alone was sufficient. In some states of the disease and some states of the patient the application of cold in any form was inexpedient; and, of course, it was not advised.

There is a reciprocal relation between the functions of the liver, heart, lungs and brain through the medium of the nervous system, and that of the circulation. When the function of one of these organs is disturbed, those of the rest suffer in a greater or less degree; and, therefore, the affusion of cold water to the head undoubtedly makes an impression on all the organs above mentioned; but, in this disease, the inordinate action of the heart is moderated mainly by the sedative power the remedy possesses of mitigating the morbid irritability of the tissues concerned in the secretion of bile. The application of cold may be carried so far as to produce a cold fit, a result that should be avoided. The application of

* The reader, if he choose, may substitute the terms, the "cause of fever," or irritability, or any other word, as by the word inflammation I mean merely a morbid state of the tissues diseased.

cold to the head has been recommended, and no doubt, under favorable circumstances, its use has been beneficial; but the difficulty of putting it in practice, will be an obstacle to its being generally adopted.

Cold applied to the chest makes a most powerful impression on the respiratory apparatus, and on the organs of circulation; and, at times, in the last stages of this formidable malady, has arrested its career to a fatal termination. In one case that occurred in 1798, the foundation of recovery was justly attributable to the nurse's throwing cold water on the chest, laid bare, with both hands, from a pail at the bed-side, until she roused the patient from the comatose state into which she was rapidly falling. From this time, re-action gradually took place, and, ultimately, a restoration to health ensued. But in my practice in 1819, it did not appear to me advisable to adopt this remedy in a single instance.

During the prevalence of the yellow fever in the year mentioned in the above paragraph, by the recommendation of Dr. Eustis, afterwards Governor of Massachusetts, I threw several buckets of cold water on two individuals, who were in the last stage of the disease, without the slightest advantage. Dr. Whipple informed me he attended a patient who recovered—he attributed his success to sponging the patient several times a day, all over the surface of the body, with cold water.

[To be continued.]

HOPKINS MEDICAL ASSOCIATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I forward you the proceedings of the Hopkins Medical Association at their annual meeting, which you will please publish, if you deem them of sufficient interest.

Respectfully yours,
S. SHURTLEFF.

The annual meeting of the Hopkins Medical Association was held at the Eagle Tavern, Hartford, Ct., June 10, 1841. The following officers were chosen for the ensuing year:—Amariah Brigham, M.D., *President*; Denison H. Hubbard, M.D., *Vice President*; Simeon Shurtleff, M.D., *Recording Secretary*; George B. Hawley, M.D., *Corresponding Secretary*; Gurdon W. Russell, M.D., *Treasurer*.

No epidemic has been witnessed by any of the members for the last four months. Several cases were reported, some of pneumonia, which were of particular interest from their peculiar manifestation. Dr. Alfred Kellogg read a dissertation on the subject of gout and rheumatism.

The technical terms arthrosia, arthrosis and arthritis (Dr. K. remarked), when applied to gout and rheumatism, are neither of them comprehensive enough. They imply that the joints only are the parts affected; but this is erroneous, for the disease does not always commence in those parts, and is not always confined to them.

The terms gout and rheumatism have been used in a vague and indefinite manner, not only by common people, but even by physicians themselves. The line of demarcation between them is difficult to be drawn, and has been drawn differently by different authors, and might as well, in

opinion, have never been drawn at all. Gout and rheumatism are essentially the same disease; they attack the same tissues, their symptoms and terminations are similar, and they are generally cured or relieved by the same remedies. It is the height of absurdity to consider inflammation of the fibrous parts connected with the joint of the great toe, as constituting the disease; and inflammation characterized by traits precisely similar, affecting the fibrous parts connected with any other joint in the body, as constituting a different disease.

There appears to exist in the human constitution, a predisposition, or greater proneness, to some particular disease than to any other. It appears to be a fact, that some particular condition of the system favors the development of some particular disease more than it does that of any other. This particular condition of the system has been designated by the term diathesis. The liability, therefore, to rheumatic inflammation, and the peculiar form and intensity of the disease, would seem to be in the compound of the predisposition, the diathesis, and the exciting causes. When a species of inflammation primarily attacks a person of uncommon vigor of constitution, it seems to have a particular determination to, and spends its force principally upon, the inferior portion of the lower extremities. This form of the disease is usually denominated gout. But if the constitution is less vigorous, or the predisposition or the diathesis less remarkable, then the larger articulations and all the other parts of the body susceptible of inflammation, become the seat of it. This is the form usually styled rheumatism. When accompanied with active fever, tumefaction, heat and redness, it is denominated acute or inflammatory rheumatism; but when these symptoms are not present, it is called chronic rheumatism.

The predisposition to gout and rheumatism exists, apparently, in different degrees in different subjects. A man in whom the predisposition is not very great, may therefore so successfully avoid the diathesis essential to the disease, that he may never experience a single paroxysm, during the course of a long life. This seems probable from the fact, that some individuals have for a series of years pursued a course of industry and temperance, and were strangers to the disease; but afterwards, on abandoning themselves to luxury and indolence, they soon became its victims. On the other hand, where the predisposition to the disease is very strong, it may be very difficult in some cases, even where the strictest rules of temperance are observed, to prevent its development. In such cases I apprehend the appetite for food will be found to be very strong, the powers of digestion and assimilation perfect, and the system naturally inclined to run into pleura, without any abuse of the good things of this life. There are some individuals in whom the predisposition to gout and rheumatism appears to be wholly wanting, inasmuch as, in regard to them, the most powerful exciting causes have never been able to produce it. They may have been addicted for a long time to the immoderate use of fermented and spirituous liquors, as well as of rich and high-seasoned food, and may have lived in idleness, yet they have never experienced either the gnawings of gout or the torments of rheumatism.

The appropriate seat of rheumatic inflammation is said to be the fibrous system, which is understood to include the capsules of the joints, the fibrous

sheaths, the periosteum and other fibrous membranes, the aponeuroses, tendons and ligaments. Some have doubted whether the muscles are ever the seat of true rheumatic inflammation; but in my mind there is no doubt that they are. When there is pain and soreness in the side or back of the neck, with inability to move the head in any direction; what is it but genuine rheumatic inflammation of some of the muscles employed in rotating the head? When there is pain in the chest, frequently shifting its place, with soreness on pressure, attended with some cough and difficulty of breathing, and but little expectoration or febrile excitement, what else is it but a rheumatic affection of the diaphragm or some of the muscles about the parietes of the thorax, employed in respiration? Cases of this kind frequently occur, and may be mistaken for inflammation of the liver or lungs, or incipient consumption, and may be treated as such, when they ought to be considered and treated as mild cases of rheumatism only. But whatever parts of the system are to be considered as most liable to this species of inflammation, it is evident that in some cases, but few of the tissues or organs of the body are able to escape its ravages. The skin is sometimes red, hot and swollen, and the cellular membrane inflamed and its cells filled with serous fluid; occasionally, also, phlebitis makes its appearance, exhibiting the same hard, red, linear, and cord-like elevation of the skin, by which that disease is usually characterized. In a case which I once saw, there was evidently inflammation of the kidneys, attended with hemorrhage, pieces of coagulated blood of a cylindrical form having been discharged with the urine. On account of the peculiar tendency of this disease to metastasis, some parts of the system essential to life, as the pericardium, or heart, or some of the contents of the cranium, or the stomach or bowels, occasionally become involved in the complaint; and whenever this may happen to be the case, it is easy to perceive that rheumatic inflammation may, and we know that it sometimes does, prove fatal. The termination of this malady is seldom in suppuration or gangrene, but usually in resolution or effusion. It has, however, been known to result in the formation of an abscess.

The diathesis essential to the development of this disease consists chiefly, in my view of the subject, in plethora or an undue quantity and morbid quality of the blood, induced by receiving into the stomach and digesting a greater portion of aliment than the real wants of the system demand. The volume of the blood is preternaturally increased, its consistence becomes too great, and too much pressure is exerted upon the parietes of its vessels; there is an unnecessary and injurious accumulation of those materials which go to repair the waste of the system, or add to its substance; the delicate machinery of life becomes obstructed, and irritation and disease, either local or constitutional, is the consequence. Nature at length makes an effort to throw off the load by which she is oppressed, and if she perish not in the attempt, and receive no succor from the healing art, ere long finds relief in some critical and copious evacuation from the bowels, the skin, the kidneys or capillary bloodvessels.

It has been said that a free use of fermented liquors has a tendency to produce this disease; and they are considered to be more influential in this respect than even ardent spirits. The opinion is probably correct. But

in what way do they produce this effect? Evidently, I think, by inducing plethora, and that not directly by their narcotic, but remotely by their tonic powers. Pure narcotics do not increase, but, on the contrary, diminish the appetite. Great opium-takers are seldom plethoric, or subject to gout and rheumatism. In Turkey and China, and other eastern countries, where the use of opium is common, and the consumption of fermented and alcoholic liquors and animal food is extremely limited, gout and rheumatism are rare diseases. The exciting causes of this disease are those of many and most other diseases, viz., cold, great fatigue of body or mind, long-continued vigilance, disappointment, grief, and other depressing passions, and the sudden suppression of accustomed evacuations.

In the treatment of this disease I pay but little attention to any imaginary lines of distinction between gout and rheumatism, but am governed solely by the state of my patient's system, and what my own experience and that of others dictates as proper to be done, under existing circumstances. Where the patient is robust, the febrile excitement high, and the pulse full and strong, bloodletting is imperiously demanded, and gives great and permanent relief. In most cases, whether attended with much fever or not, I generally administer some combination of cathartic, diaphoretic and diuretic medicines, or some single medicine capable of producing the same effect, with a view of exciting to increased action, the bowels, the skin, the kidneys and all the organs of secretion at the same time. For this purpose opium, ipecac, antimony, supertartrate and nitrate of potash, pulv. guaiac., rhubarb and sulphur, are employed in various combinations and proportions. The wine of colchicum is an excellent remedy, producing effects similar to those which are produced by a combination of several other articles, viz., catharsis, diaphoresis, diuresis, and mitigation of pain. Cathartics are useful to change the secretions, remove plethora, and improve the quality of the blood. Opium alone, with camphor, or in the form of Dover's powder, is invaluable as an anodyne and sudorific, regard being always paid to the state of the system at the time of its administration. Mercury is particularly useful, both as a cathartic, and as an alterative in obstinate cases. The quinine I do not use till the disease is routed and on the decline. In acute rheumatism after copious bleeding, the vol. tinct. guaiac. in tablespoonful doses, frequently repeated, is said to be extremely efficacious, and in chronic rheumatism almost every person is acquainted with its value. In cases of irritability of the stomach, nausea and vomiting, I apply strong sinapisms to the epigastric region, and give carbonic acid, with the carbonate of soda or ammonia in some aromatic infusion. When there is a sensation of icy coldness in the stomach, strong stimulants, as mustard, capsicum, vol. tinct. guaiac., alcohol ammoniat., &c., should be administered. In regard to local applications, where the heat of the part is greater than natural, it should be reduced by evaporating lotions, or cold affusion; but where there is a morbid paleness and coldness of the parts, warm and stimulating applications should be made, viz., liniments, sinapisms, blisters, friction, silk, wool or cotton, and essential oils dissolved in alcohol, or mixed with the oil of olives; and in some cases of sciatica and lumbago which have become obstinate and unyielding, let us not forget that scarification and cupping, succeeded by blisters or issues, are worthy of serious consideration.

ORTHOPEDIC SURGERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An abusive communication of me and the Orthopedic Institution appeared in your Journal of yesterday, signed by Thos. Chadbourne, of Concord, N. H. I know nothing of Dr. Chadbourne except that he put a young lady, *a relative of his*, under my care, for which he has never paid me. When she returned home, I made a present to Dr. Chadbourne of some part of the apparatus that she used while under my care, and gave measures and directions so that he could have other parts made. The abusive communication in your Journal, I suppose, is the gratitude he returns. At any rate I shall take no further notice of him.

Boston, Aug. 13, 1841.

J. B. BROWN.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 25, 1841.

AMERICAN SOCIETY OF DENTAL SURGEONS.

A SESSION of this new and important Society has lately been held at Baltimore. The next meeting is to be held in Boston, on the third Tuesday of July, 1842. This is agreeable intelligence, as we have taken peculiar interest in the transactions of the Association, from a conviction that its influence would give character to the dental profession in this country, and purge the States, in the end, of a legion of itinerant, half-taught, or untaught dentists, who have made toothless or severely injured many of the unfortunate subjects of their unhandy, unscientific manipulations. For the very kind but unmerited resolution of the Association, respecting this Journal, which was communicated to the editor by our respected friend, Dr. Harris, we return our grateful acknowledgments.

American Medical Library and Intelligencer.—A new series of this work was commenced on the 1st of July, and is to make its appearance monthly, at the moderate price of five dollars a year—just half the former cost. Having no envious feelings to indulge, in regard to the circulation of medical periodicals, every effort to disseminate light and knowledge, especially that which so nearly concerns the comfort and happiness of the great family of man, as correct principles in medicine, by the multiplication of new Journals or the improvement of old ones, is a source of unfeigned delight. The world is quite large enough for us all—and we most heartily, therefore, welcome our friend, Dr. Dunglison, with the new series—hoping that its success may equal the merits of the learned editor.

Calisthenic Exercises.—A refined civilization is unfortunately accompanied by various forms of physical deterioration, for which it is one of the special objects of science to provide a remedy. People of advanced age, who do not trouble themselves to philosophize on whatever strikes them as a departure from the common appearance of every-day things,

never heard, in their youth, of curved spines, distorted shoulders, or any other unsymmetrical derangement of the frame-work of the body, which are so characteristic of the present age, that institutions are exclusively devoted to their correction. Experience shows, too, that they are exceedingly necessary, and they have been, therefore, well sustained by the intelligent public, and always sanctioned by the medical profession. Very recently, Mrs. Hawley, formerly Madame Beaujeu, of England, has commenced a series of calisthenic exercises for young misses in this city, which are recognized by very distinguished physicians of Philadelphia, New York and Boston, as worthy of the patronage of parents. It is unnecessary to enlarge upon the value of exercise for young ladies in a crowded city. Those who will take the pains to inspect Mrs. Hawley's hall, corner of Bromfield and Tremont streets, will be satisfied of the utility of her system. With a view of bringing the subject before the profession of Boston and its neighborhood, that they may avail themselves of the curative means which judicious calisthenic exercises promise in many conditions of a debilitated system, particularly in young girls, we are desirous of directing their attention to this lady's qualifications and claims.

Medical Examinations.—Eleven students of medicine have passed an examination for the degree of M.D. at Harvard University, the ensuing commencement. A large number will be admitted the present season, at other institutions, South and West. No wonder the question is asked—where are they all to find practice? There are too many in all the cities, and not enough in many places in the country. It is often a miserable waste of life to keep hoping for that which not more than one in ten has the tact and ability to procure by the practice of physic in cities, viz.—daily bread. Let it be recollected, however, in all places, that industry should be judiciously applied, as success in many cases depends upon a faculty for timing personal efforts.

Coombs's Popular Phrenology.—It will be noticed that the author spells his name differently from the celebrated Edinburgh phrenologist, although pronounced alike. Mr. Frederick Coombs is known for his love of the science, the beauty and value of his cabinet, but principally by several small treatises on that which, to him, is the subject of all subjects, viz.—phrenology. The essay which has elicited these remarks, is a neat little volume, containing exact phrenological admeasurements of above fifty distinguished and extraordinary personages, of both sexes, &c., together with fifty engravings on wood, illustrative of the author's propositions. There is more of an exhibition of a cultivated literary taste towards the close of the book, than in any of Mr. Coombs's former works. Not coming precisely within the jurisdiction of a medical critique, we must pass it over to the hands of professed phrenologists, by whom it will be appreciated if it has merit.

University of Maryland.—Dr. Samuel Chew, of Baltimore, represented to be a man of fine literary and scientific acquirements, was elected, a few days since, to the chair of materia medica and therapeutics in the University of Maryland, in the place of Dr. S. G. Baker, whose death was greatly deplored by the whole community.

Medical Arrivals from England.—In the steamer Columbia, from Liverpool, which arrived at this port on Thursday morning last, came Dr. A. Jones; Dr. J. E. Taylor; Dr. Barton; Dr. March, one of the professors in the Albany Medical College; Dr. William Jones and Dr. Stratton, of the British Navy. Dr. R. Spear was landed at Halifax. The celebrated Mr. Charles Lyell, president of the Geological Society, author of an admirable work, well known to the scientific in this country, arrived here two weeks before. He is travelling, at present, in the interior, but is expected to return to Boston early in the autumn, to deliver a course of lectures before the Lowell Institute, at the Odeon.

India Journal of Medicine.—In the October No. of the India Journal, 1840, may be found a re-print of a lecture on malformations and injuries of the uterus, by Dr. A. Trowbridge, of Willoughby University, from the Boston Medical and Surgical Journal. Also an article on the enlargement of the thymus gland, by J. M. Tewksbury, M.D., of Oxford, Me.; together with a paper on the structure, functions and pathology of the spleen, by William Ingalls, M.D., of Boston.

TO CORRESPONDENTS.—We acknowledge the receipt of the following papers, which will have insertion as soon as possible, viz.: An article on Death by Poison; Case of Nymphomania, from Drs. Hor and Sprague; Dr. Hamilton's Surgical Cases; Dr. Shipman's Case of Compound and Comminuted Fracture; Dr. Paine's communication; Justitia; and one from Dr. Davenport, of an unusually interesting character.

Number of deaths in Boston for the week ending Aug. 21, 53.—Males, 28; Females, 25. Stillborn, 1. Of consumption, 10—dysentery, 3—cholera infantum, 3—inflammation of the bowels, 6—lung fever, 2—disease of the heart, 1—bowel complaint, 4—fits, 1—liver complaint, 1—canker in stomach, 1—teething, 2—canker, 1—palsy, 1—cholera morbus, 2—hemorrhage from the bowels, 1—infantile, 4—scarlet fever, 2—dropsy, 1—abscess, 1—accidental, 1—disease of the head, 1—rheumatism, 1—croup, 1—intemperance, 1.

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND SESSION of this Institution will commence on the first Monday of November next. The faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.
H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.
CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.
THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—tN

THOS. E. BOND, JR., Dean.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARE, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
“ on Surgery, by	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 20, 1841.

A 25—tDecl

W. E. HORNER, Dean of the Med. Faculty, 263 Chesnut st., Philadelphia.

ALBANY MEDICAL COLLEGE.

The next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
 JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.
 T. ROMEYN BECK, M.D., Prof. Materia Medica.
 EBENEZER EMMONS, M.D., Prof. Obstetrics and Natural History.
 LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.
 JAMES H. ARMSBY, M.D., Prof. Anatomy.
 THOMAS HUN, M.D., Prof. Institutes of Medicine.
 AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3.50 per week.

ALDEN MARCH, M.D., *President of Faculty.*
 J. H. ARMSBY, M.D., *Registrar.*

Aug. 11—6w

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:—

JOHN C. WARREN, M.D.	WALTER CHANNING, M.D.	ENOCH HALE, M.D.
GEORGE C. STAFFICK, M.D.	GEORGE HAYWARD, M.D.	JOHN WARE, M.D.
JACOB BIGELOW, M.D.	JOHN RANDALL, M.D.	

At the annual meeting of the Committee, July 23, 1841, the Boylston Premium, of fifty dollars value, for the best Dissertation on the question—"To what extent is disease the effect of changes in the chemical or vital properties of the blood?" was awarded to J. F. W. Lane, M.D., of Boston.

The questions for 1842 are, 1st—"To what extent is the human system protected from smallpox by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?"

2d. On the diseases of the kidney; and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., of Boston, on or before the first Wednesday of April, 1842.

The following subjects are offered for 1843:—

1st. The best method of warming and ventilating rooms for preventing and curing disease.

2d. The structure and diseases of the teeth, with a numerical solution of the question, Can caries of the teeth be retarded by mechanical processes?

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1843.

The author of the successful dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

Unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if applied for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author is considered as bound to print the above vote in connection therewith.

Boston, July 29, 1841.

ENOCH HALE, *Secretary.*

A. 4—4w

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

The annual course of Lectures for the session of 1841 and '42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 1, 1841.

No. 4.

CASES OF HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If you think the following cases possess interest, you may publish them.

CASE I. *Strangulated Entero-epiplocele—Femoral—Operation on the fourth day, and fatal termination.*—Mrs. Elizabeth Craiger, of Rochester, N. Y., æt. 48, was seized, Wednesday, Nov. 4th, 1840, with severe pain in her abdomen, unattended with soreness or tumefaction. No cause could be assigned for this sudden attack, by herself or her physician, a very intelligent and experienced practitioner of this city, Dr. E. W. Armstrong. By a single bleeding and tr. opii the pain was much mitigated. Thursday, Nov. 5th, the attention of Dr. A. was called to a small tumor, low in the left groin, of the size of a hazel-nut, which upon examination he became convinced was a femoral hernia. During the day it was seen by Dr. ———, one of the most intelligent surgeons in this city, and myself, who expressed doubts as to its character, founded upon the following circumstances:—1st. When a girl a similar tumor existed in the groin for several years, which she called a *kernel* (enlarged gland), and was unaccompanied with pain. 2d. She had never seen a hernia or any tumor in this place since that disappeared. 3d. This was not painful or tender, but was very hard and round. 4th. She had been long subject to similar attacks of pain, &c., in the bowels, which had always been called colic, inflammation, cholera morbus, &c., more or less of which had existed during the last two or three weeks. But knowing the obscurity of many cases of femoral hernia, we advised that attempts should be made to reduce it, while it was strictly watched, and if any farther evidence of its being a hernia was obtained, that the operation should not be delayed. Friday, Dr. ——— and myself again saw it, and no change having occurred, our doubts were confirmed. Saturday evening it was seen by Dr. Ellwood alone, who pronounced it a hernia and advised farther attempts at reduction. Sunday morning (8th), at 8 o'clock, I was requested to operate, as its character had now become evident, by a great increase in its size, the pain and tenderness of the tumor, the tenderness of abdomen, and an aggravation of all the signs of strangulation. The patient was now very feeble.

Operation—In presence of Drs. Armstrong, Moore, Dean, Pope, Ford, &c. First incision, crucial. Fat and cellular texture three fourths of an inch; sac containing half a gill of pus; omentum showing minute

points of suppuration; small portions of gut behind omentum, strangulated, dark-colored; omentum considerably adhered; stricture at Gimbernat's ligament. Cut towards pubis. No hæmorrhage; acute pain on cutting stricture; gut reduced easily, but omentum with difficulty, owing to adhesions about the crural ring. Closed wound with two or three sutures. Pain continued to increase after the stricture was cut, extending up to epigastric region; vomiting unabated; no movement of bowels. Died in about 20 hours.

Autopsy, same day.—Omentum adherent to ring and all of lower part of abdomen; adhesions ancient; marks of inflammation extensive over peritoneal surface; no extravasations of blood or pus.

Remarks.—The difficulty of diagnosis was here most worthy of note; and it illustrates the danger of confounding femoral hernia with enlarged glands. It is not certain that an earlier diagnosis would have saved the patient, yet it is possible. I am not the first who has made the mistake; S. Cooper says it "is frequently mistaken for an enlarged gland." Astley Cooper and Gibson state the same. See also Dunglison's Medical Library, Vol. IV., p. 38; and four unfortunate cases are related by Anderson, p. 159. A case, also, not unlike mine in appearance, is reported by Prof. D. Palmer in the Boston Medical and Surgical Journal, Vol. XXI., p. 41, upon which he operated, and it terminated fatally in a few hours. Prof. Palmer thinks it is often exceedingly difficult to decide upon. How many more the *private* registers of surgeons conceal, cannot be told. The tumor was at first, and during its progress, exceedingly *hard*, and not elastic, which most writers have failed to note as one of the diagnostics of *omental* hernia. The progress of this case was much slower than is usual in femoral hernia, and depended upon the fact that the omentum was at first alone concerned, the protrusion of the gut being a later affair. The stricture I divided directly inwards, according to the authority of S. Cooper, Gimbernat, Lawrence, Colles, &c. I believe the chance of cutting the obturator artery, or a knuckle of intestine, suggested by Hey, Liston and others, as too small to deserve attention. I also wish to insist that Gimbernat's ligament was the seat of the stricture, although Sir Astley has declared that "it is never known to be there"—(p. 247, 3d Lond. ed. of Lec.). If, however, by Gimbernat's ligament, Sir Astley means a portion of Poupart's ligament, he is right; *it* is never the seat of stricture. But what Gimbernat described as a portion of Poupart's ligament, and which has received the name of Gimbernat, is in fact a *distinct* ligament, and has been thus correctly described by Hey, by whom it was called "femoral" ligament. It was also so described by Liston in 1819, and by Anderson in 1822; and that such is the fact, careful and repeated dissection has convinced me. It is with this understanding that I describe Gimbernat's ligament as the seat of the stricture; and thus that I explain the difficulty of relieving the stricture in femoral hernia by posture.

CASE II. *Indirect Inguinal Hernia—Omental—Extirpation of Omentum, and Recovery*.—Allen McPherson, of Caledonia, Monroe Co., æt. 39, a farmer; fleshy; temperament sanguine; had hernia five years; has worn a truss, but could not keep it up. Feb. 10th, 1841, it became strangulated. Dr. M——, now deceased, made taxis. Symptoms of

strangulation soon came on, and very large and strong tobacco enemata were employed, which the patient said nearly killed him. I saw him Feb. 16th, at 2 o'clock, A. M., and immediately operated, in presence of Drs. Graham, McNaughton, Edson, Miller, and several others. Tumor very large and elastic, tender; abdomen submits to pressure; bowels not moved in five days. I divided and tied the external pudendal artery; cut and laid back six distinct fasciæ; small amount of serum in sac; omentum dark and firmly adherent to sac on nearly all sides; bands firm (ancient); I *tore* them up—(Astley Cooper, 3d Lond. ed., p. 229); stricture at external ring; cut directly up; adhesions firm at this point; extirpated omentum, which was greatly enlarged, close to ring; no hæmorrhage; left the stump of omentum *in situ*; closed the wound with sutures, &c., and left the patient in charge of Dr. Graham. He recovered in the usual time.

Remarks.—Had this been a case of intestinal rupture, the time elapsed after strangulation (six days), and the terrible doses of tobacco, must have produced a fatal inflammation. Tobacco enemata, little feared by some, advised guardedly by the Coopers, and abhorred by Liston, are surely safe and proper remedies when no inflammation, but simple *engouement* of the intestine, exists, and more so in omental than intestinal hernia; but when given under other circumstances, it is at the hazard of life and our poor reputation. The quantity, also, is never to exceed that directed by S. Cooper and Gibson; for we venture to teach, contrary to high authority, that it is by virtue of the direct and powerful *stimulation* of tobacco, that it reduces the gut, or rather by the violent peristaltic action which it creates; in the same way tart. ant. operates, and in no other; they *pull* in the hernial protrusion. Those men who talk of *relaxing* tendinous openings, by internal remedies of any kind, say what others have said, and about which they never a moment reasoned; and it seems equally absurd to hold that the inflammation about the stricture can be sufficiently reduced to release the confined viscus, especially by *stimulating* the intestines with tobacco. But if tobacco will relax tendinous openings, like the external abdominal ring, will not *posture* do all that it can do, and infinitely more? If, then, the enemata have stimulated the intestines to active peristaltic motion, announced by the rumbling, &c., you have done all you can or dare do with these articles, and it is rash to persist until the patient is prostrated by the excessive irritation. If he does not die before, he certainly will after, the operation, from inflammation. Six fasciæ are more than even Velpeau ventures to describe; yet we had this number, clear and distinct as sheets of paper, and if our patient had not spurred us, we could have shown as many more—a choice illustration of the folly of vexing the memory of students with a score of fasciæ. Three fasciæ are enough, and more than will always be found, and not a tithe of what may sometimes be demonstrated. The “small amount of serum” is peculiar to omental hernia—(Astley Cooper, 3d Am. ed., Vol. III., p. 31). The omentum was left at the ring, and not reduced, for reasons explained by Astley Cooper (3d Lond. ed., p. 229), when adherent at the neck and enlarged; “remove a large part of the omentum by the knife, and return the remainder to the mouth of the sac *to plug up the open-*

ing." With McPherson it did not succeed; it still comes down large as ever, as is usual after the operation for strangulated hernia. Was Sir Astley's advice based upon speculation or experience? Has any one ever seen a case in which this course prevented the future descent?

CASE III. *Strangulated Indirect Inguinal Hernia—Enterocoele—Eleven hours' Strangulation—Operation and Death.*—Aaron Sperry, of Chili, Monroe Co., æt. 51; rather fleshy; temperament sanguine. Had indirect inguinal hernia of right side many years, until the canal has become straight, resembling a direct inguinal hernia. June 7th, 1841, became strangulated, and was with much difficulty reduced by two very intelligent surgeons, Wells and Clark, of Chili. 14th, it again became strangulated, and the same gentlemen were called. The patient was bled to syncope; cold applications and taxis were made, and he was directed to chew tobacco and swallow the juice until it produced nausea; injections of castor oil, molasses and water, were followed by considerable stools. The nausea and vomiting continued until next morning (16th), and at 4, A. M., he took tr. op. gtt. lxx. I saw him at 6, A. M.; slight pain; bowels very tender; hernial tumor large, tense and tender; patient inclined to sleep. I immediately operated, in presence of Drs. Wells, Clark, Butterfield, Smith and Green.

Operation.—External incision five inches; tied external pudendal artery; only two distinct fasciæ, namely, the fascia superficialis and the fascia of the cremaster, which latter was unusually thick and inseparable from the sac, and which, as Scarpa has observed, might be mistaken for the sac itself thickened. This being opened, discharged about $\frac{3}{4}$ iij. of serum; intestine (ileum) dark red—containing air alone. The stricture existed in the neck of the sac and the cellular texture investing it, and extended, as usual in old cases, the whole length of the canal. An incision directly upwards, from the external to the internal ring, liberated the gut, and it was easily reduced. When the knife cut the internal ring, the patient complained of intense pain, followed by excessive prostration, cold clammy perspiration, &c. This continuing after he was laid in bed, we gave him tr. op. gtt. xl., which was repeated in an hour. At 3, P. M., Drs. Clark and Wells attending, and the pain with tenderness of bowels not having abated, he was bled $\frac{3}{4}$ xvj., which gave considerable relief, and his symptoms gave promise of recovery, except that his bowels had not moved, notwithstanding he had taken castor oil and other more active cathartics, liberally.

17th. No cathartic operation; bowels more tender; patient rapidly sinking. He died forty-seven hours after the operation, and ten minutes after signing his will. No examination was obtained.

Remarks.—The hernia was not, in this case, strangulated more than eleven hours, yet the peritoneal and intestinal inflammation had attained a fatal height, to which, also, he was particularly predisposed by his sanguine temperament, plethoric habit, and the strangulation of the previous week, from the effects of which he could scarcely have yet recovered. In this case, also, as in the case of Mrs. Craiger, the acute pain produced by cutting the internal ring was evidence that no little inflammation already existed, and it may always be taken as an unfavorable omen. The ten-

derness of abdomen also was such, previous to the operation, as Sir Astley Cooper would have pronounced dangerous (Vol. III., p. 28 of 3d Am. ed. of Lec.). The existence of stricture through the whole canal, forming a sort of elongated and fibrous tube, is explained by Sir Astley (do. p. 18). This is also another case in which the practice, once recommended by Astley Cooper, Key and Anderson, of cutting *outside* of the sac, would have proved useless; yet the severe pain produced by cutting the peritoneum at the internal ring, proved the soundness of their fears in reference to opening and cutting the sac high up (Anderson, p. 116). The unusual thickness of the cremaster fascia is worthy of note, which has so often been called a thickened sac (Liston, p. 351—S. Cooper, Vol. II., p. 84). The large amount of serum found in the sac is almost peculiar to strangulated intestinal herniæ. That the intestine contained air alone, is not very unusual, yet I do not know by whom it has been noticed. The rings were divided directly *up*, according to Liston, A. and S. Cooper, Gibson, &c.

Yours truly,

Rochester, N. Y., Aug. 14th, 1841.

F. H. HAMILTON.

CASE OF NYMPHOMANIA.

[Communicated for the Boston Medical and Surgical Journal.]

JAN. 18th, 1841, called to visit Miss T., daughter of a farmer, aged 29, of an exceedingly corpulent and plethoric habit; had enjoyed almost uninterrupted health from a child; for a few days she has complained of indisposition; jaundiced skin; confined bowels; scanty urine; hot and dry skin; cold feet; and partial sweating about the breast and head. Found the pulse 115, full; countenance flushed; respiration hurried and irregular; tongue covered with a brown coat, moist; appetite impaired; thirst moderate; slight tenderness at the base of the occiput. Confined chiefly to bed; assumes the supine position; vigilant, restless, morose and taciturn. Twenty ounces of blood abstracted; cath. of jalap, senna and cr. tart.; epispastic to the nucha; gr. j. tart. antim. in solut. every two hours. Did not see the case for three days, during which time the bowels were regulated with comp. cath. pills, the antim. continued, and gr. x. pulv. Dov. at bed-time.

21st. There has been a continuance of most of the symptoms. Face and extremities cool, with large drops of sweat on the forehead; pulse intermitting; bowels inclined to be torpid; exceedingly restless, vigilant and taciturn. Hydragogue cathartic, followed by an opiate.

22d. Bowels regular; pulse very irregular; more restless, with jerking the head backward, and moving the hips and arms suddenly; no answers to interrogatories; rises and sits in a chair occasionally. Comp. pills of rhubarb, followed by tr. opii, tr. camph. and tr. assafetida, ãã equal parts—a teaspoonful every two hours.

23d. Same symptoms continue, having had a paroxysm of hysteria about midnight, as described by the nurse. Comp. cath. pills, followed by a pill of opium and assafetida every two hours; nitro-muriatic acid bath for the feet, night and morning. Same treatment continued two days.

25th. Pulse variable, with diminished force; a staring, maniacal expression; mute and stubborn; manifests for the first time a strong voluptuous feeling. Treatment suspended, except cold semicupium.

26th. Symptoms of nymphomania indubitable. Her conversation and actions leave no place for doubt in the most careless observer. Used the speculum uteri. Parts easily dilated; os uteri larger than natural; the labiæ tumid and pouting; vaginal mucus abundant; mucous membrane florid, except three denuded patches about one fourth by three fourths of an inch in size, situated about ten lines within the nymphæ, and parallel to them; orifice of the urethra prominent and very rigid; clitoris about eight lines long, and tumid. Injections of warm soap-suds, followed by a cold solution of acetate of lead; vinum antim. to produce nausea; epis. two and a half by three and a half inches to the nucha. Treatment continued four days.

30th. Vaginal secretion abated; denuded patches more red; clitoris erect and very sensitive; epis. still discharging. Lunar caustic was applied to the os tinæ and to the mucous membrane generally, until its color became a bluish white. On the clitoris *no effect could be produced*. After a thorough washing with soap and water, the caustic was moistened and again assiduously applied for several minutes, without effect. Caustic potassa was now put on, which soon changed the epithelium to a dark-brown color, during which a libidinous feeling was strongly manifested. Antiphlogistic regimen and frequent ablution of the parts with cold water.

Feb. 3d. For three days there has been a gradual amendment. The more disgusting obscenity abated; pulse and appetite nearly natural; bowels regular; occasional mental aberration and self-aborrence.

17th. Has continued improving; not a symptom remaining referable to nymphomania; made an examination per vaginam; every appearance of modesty existing; sphincter and vagina generally much contracted; lining membrane thickened, but performs its secretion; clitoris retracted and very diminutive; ulcerated places not perceptible.

Her organs of amateness were exceedingly developed. After 23d Jan. to the period of convalescence, none but females were permitted to see her. Up to the present time her health has continued good.

Query.—What occasioned the *immunity of the clitoris*?

Baltimore, Ohio, Aug. 8th, 1841.

HOR & SPRAGUE.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 49.]

EPISPASTICS.—Subsequently to the application of cold water to the head, a blistering plaster was applied of a size sufficient to cover the crown of the head, as in the case of E. S.; but finally, when the shaving of the head, as it afterwards did, had the effect of controlling the action of the heart, the application of cold water to the head and the vesicatory—these remedies being considered merely in the light of adjuvants—were omitted. In one instance, when the disease had continued twenty-four hours before I was called on to prescribe, I directed the head to be shaved and a blister

applied ; but the application of cold water was omitted from the apprehension—so much time had elapsed from the commencement of the attack—there was not energy enough in the vital powers to produce a reaction ; and, therefore, the result might be disastrous. Blisters were applied to the epigastric and hypogastric regions, as will be seen in the sequel.

Emetics, in 1798, were not much used in the yellow fever, owing partly to Dr. Rush's plan of treatment by venesection ; and drastic cathartics—namely, jalap and calomel—taking the precedence of every other method, was, perhaps, the principal reason that other remedies were not duly appreciated, nor submitted to the test of experience ; and partly from the excessive irritability of the stomach occurring soon after the incursion of the fever, in which state the stimulating property of emetics was found to aggravate the disease, and hasten it on to a fatal termination. It is undoubtedly of very great importance to be in possession of a criterion by which we can ascertain when the stomach is in such an irritable condition that the administration of an emetic would be hazardous. With respect to my practice, at any time within six hours from the attack, if there were no nausea, I did not hesitate to have recourse to this mode of depletion. When spontaneous vomiting came on, the patient seldom recovered, and an emetic given at this time, according to the received opinion of the day, would destroy the patient. In the case of Mrs. McFarland, in consequence of her being in the third month of utero-gestation, ipecacuanha was substituted for the tartrate of antimony ; and in the case of Mrs. Bennet, who was in her eighth month, as the symptoms of the disease were of a mild character, this remedy was omitted ; and, as a general rule, it was not ordered when the disease continued more than twenty-four hours. I used to carry with me pills containing two grains each of tartrate of antimony, to prevent the delay that might be occasioned by sending a recipe to the druggist's store. With regard to the dose, I was guided by the circumstances of the case ; sometimes giving a pill every ten minutes till vomiting was produced ; sometimes two pills at first ; if they did not operate in ten minutes, the third was given ; in cases of extreme urgency three were administered at once ; six grains proved to be a sufficient portion in every instance but one.

Ventilation and Cleanliness were from the first vigorously enjoined. The linen and bed-clothes, as soon as they were imbued with excretions, were removed immediately, immersed in water, and washed as soon as possible ; the same instant removal of the alvine and urinary discharges was also ordered. Great care was taken to afford as free circulation of air as circumstances would admit, with the precaution of guarding against exposure to any sudden and great depression of temperature, as it has the tendency to aggravate the symptoms and render the disease more intractable.

Cathartics.—In 1798, cathartics of jalap and calomel—fifteen grains of the former, and ten of the latter—were prescribed ; or other formulæ in which calomel was the active ingredient. Some, however, preferred giving calomel in divided and repeated doses, with the view of inducing ptyalism, which, if attained, would, in their opinion, never fail to effect a

cure ; calomel by some was administered in scruple and even drachm doses. So highly was the remedial power of mercury esteemed, that inunction was made use of, and carried to an illimitable extent. This formidable scourge, indeed, was deemed incapable of withstanding the combined influence of these formulæ. So far are the preparations of quicksilver, when this malady is established, from being productive of advantage, their tendency is evidently deleterious.

[To be continued.]

CASE OF THE LATE SAMUEL BUGBEE, M.D., OF WRENTHAM.

BY EBENEZER STOW, M.D., OF WALPOLE.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 2.—When called to Dr. Bugbee, he gave me a somewhat minute history of his health, for the last eight years ; the amount of which seemed to be, that about seven or eight years ago he became excessively fatigued by walking in the snow, since which he has had occasionally an intermitting pulse, and at times, on exertion, dyspnœa, with occasional starting from sleep. Otherwise, during this time, has enjoyed good health. About six or seven weeks since, his appetite failed him, and he felt an unusual fulness in the abdomen, with tenderness at the epigastrium, and for the last week a constant nausea and occasional retching. With these gastric troubles he has a cough and increased difficulty of breathing on exertion of the muscles of motion or voice. The mind clear ; countenance anxious ; respiration very laborious, particularly on lying down, or speaking ; pulse 112, very weak and irregular ; tongue clean and bowels regular ; urine scanty and high colored. On examining the chest, found it resounded well throughout ; respiratory murmur normal ; the sound of the heart weak and irregular ; the abdomen tense and tender at the epigastrium.

3d. Had a restless night ; great prostration ; dyspnœa urgent ; six dejections.

4th. Has slept from anodyne ; respiration laborious ; lips and neck purple ; pulse 120, weak and intermitting ; abdomen rather more soft ; no appetite ; thirst for cold drink ; extremities cool.

5th. Had a bad night, very little sleep ; dyspnœa urgent ; pulse scarcely perceptible ; extremities cold and moist ; yellow tint of the conjunctiva and skin ; hiccough ; œdema of the feet and legs ; unable, at times, to lie down ; expectorates coagulated blood, ten or twelve sputa in twenty-four hours.

6th. Rested better ; dyspnœa rather less ; lies in bed ; some pain under sternum ; expectorated two ounces of coagula ; extremities warm ; takes very little.

7th. Distressed in night ; took ipecac. and vomited dark-brown fluid, with some mucus ; otherwise same ; takes milk and water ; hiccough gone.

8th to 11th. Much the same, but weaker.

13th. Dyspnœa increased; unable to lie; dulness on percussion beneath right scapula. Gradually sank, and died July 14th, at 10, P. M.

His treatment consisted of venesection, cupping and leeches, at the commencement, with emetics, cathartics and blisters. He took calomel in alterative doses, with nitre and squills. When symptoms of collapse appeared, stimulants were employed externally and internally. During his sickness he had the advice of Drs. Bigelow and Fisher, of Boston, and nearly all the physicians of the vicinity. Drs. E. D. Miller and Foster visited him almost daily during a considerable part of his sickness. Drs. Bigelow and Fisher made a careful examination of the chest by percussion and auscultation, the result of which corresponded with the statement above.

Post-mortem Examination, eighteen hours after Death.—Present, Drs. Brown, E. D. Miller, Phelps, Larkin, Foster, Salisbury and myself. Left breast fuller than right. Thirty ounces of serum, tinged with blood, in the right cavity of the pleura, and twelve in the left. Lungs healthy, large and expansive. Heart enlarged, pale and flabby; weighed twenty-eight ounces, avoirdupois.* When laid on the table, it collapsed so as to lose its form. Its parietes were so much softened as to be friable and easily penetrated by the finger. Stomach contained half a pint of dark-colored fluid, similar to what had been thrown up by vomiting. Mucous membrane red, and towards the pylorus of a dark-brown color. Pyloric orifice indurated. Liver of a light grey, and small in size. Pancreas hardened, and enlarged at the right extremity. Other viscera of the abdomen healthy. Head not examined.

Remarks.—It will be observed that no dulness on percussion was discovered in the præcordial region. This might appear remarkable, but it seems that the lungs, in his case, were large and expansive, so that they overlapped and entirely covered the heart, and the respiratory murmur could be heard directly over that organ. This would, undoubtedly, render the sound by percussion in this region clearer than it otherwise would be. The ramollissement, or softening of the heart, probably contributed as much to the fatal event as the hypertrophy. The extreme embarrassment in the circulation, as indicated by the weak, irregular, and at times almost imperceptible pulse, was probably caused by the first-mentioned affection. The inflamed state of the stomach undoubtedly acted a part in the final prostration of the system.

DR. CHADBOURNE'S REMARKS ON THE ORTHOPEDIC INSTITUTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—We read with regret an article which was inserted in a late No. of the Boston Medical and Surgical Journal. We regret that such an article should have found admittance into its pages. The style is bitter and personal, and could have been written only to promote sinister views. The writer, Dr. Chadbourne, we understand has a "Chase Infirmary,"

* The adult heart, in its healthy state, weighs from eight to nine ounces.

at Concord, N. H., for the purpose of applying "Chase's patent Trusses." Probably he wishes to follow in the steps of his "illustrious predecessor" in curing club-feet without dividing tendons. We consider the communication as an exotic transplanted from the South. It says—"Among the advocates of the first plan (i. e. tenotomy) we find some of the first surgeons in this country and Europe, supported probably by the great majority of the medical profession [this would seem to be authority enough to remove the doubts of any one with regard to the two modes of treating club-feet]; while the mechanical practice, as it is by some contemptuously called, finds its most able and almost only advocate [Dr. Chadbourne means to except himself] in the comparatively silent labors of a single individual, Heber Chase, M.D., of Philadelphia." Is this acknowledgment not enough? Dr. Chase against nearly the whole medical profession in this country and in Europe!

Boston, Aug. 16, 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 1, 1841.

SURGICAL DISEASES OF INDIA.

THROUGH the kindness of Dr. Corbyn, editor of the India Journal of the Medical and Physical Sciences, we have received an elegant volume bearing the following title, viz.: "A Practical Essay on some of the principal Surgical Diseases of India, by F. H. Brett, Esq., &c., &c., Bengal Medical Service." &c. With regard to its typographical execution, the work is equal to the best London specimens of printing, and consequently excels the generality of our American books. There are no better compositors, pressmen or binders in the world than may be found in this country; yet, with a few exceptions, medical books emanating from presses in the United States are cheap affairs, altogether below the standard of mechanical finish in the same class of works from Europe. It ought not to be so, since the profession not only bitterly complains of this, but invariably manifests a disposition to encourage a commendable exhibition of typographical skill. As this, however, is an old subject, for which there is no immediate remedy, since publishers will do as they choose, we shall proceed with a general notice of Mr. Brett's surgical labors.

Of the character of the author, as an operative surgeon, there can be no doubt, since his name is quite common in all the journals of India, which would not happen were he an ordinary man. But distinguished as he is for bold and successful surgery, and known extensively over the wide Anglo-Indian dominions as a life-saving man, the government seem not to appreciate his high talents or his usefulness—and like many other men of superior genius and attainments, he is the target for all the pop-gun envy from Calcutta to Lahore.

In the preface it is said that the confidence of the natives of India, who resort to European hospitals, has been greatly increased by successful surgical operations. It is a common observation in England that operations

on Europeans in India, turn out unfavorably ; but Mr. Brett says this is a decided error. Nothing can be more favorable, when the constitution is well prepared, than the mild and genial season of an Indian spring, during February and March, and wounds then heal rapidly.

There are five hundred and six large octavo pages, illustrated by sixteen plates. The plates which are colored are inimitably fine. Those expressly exhibiting tumors of the face and neck, especially, are painfully correct, and show that Mr. Brett has had formidable diseases to master. Having given a pathological proem, the phenomena and symptoms of inflammation, influence of the nervous system, the effects, remote causes and terminations of inflammation, are considered, followed by judicious observations on ulcerations, and the varieties of mortification and erysipelas. Each one of these articles would be valuable in itself, but they are intended chiefly for an introduction to a class of subjects of peculiar interest, such as the consideration of parasitic growths, simple glandular enlargements, malignant growths, neuroma, osseous tumors, and the general treatment of each. One chapter, sub-divided into three sections, is devoted to the Indian leprosy. Chapter fourth contemplates the diseases of the generative and urinary organs. This is one of the best in the whole book, as there is no aspect of these diseases left unsurveyed. Only a few cases are detailed. This is a fault, since Mr. Brett had a multitude at command, all strongly marked. One of the chief advantages of Dr. Warren's great work on tumors, is based on the narration of cases which were directly under his eye.

On the subject of diseases of the eye, Mr. Brett has bestowed much labor. In India, ophthalmic surgery is unquestionably of much more importance than in this country or in England ; yet it is a well-ascertained fact that the statistics of this particular line of surgery have always been undervalued till within the last quarter of a century.

Finally, autoplasmic operations, under the heads of blepharoplastic, Indian rhinoplastic, labioplasmic, staphyloraphe and urethro-plastic surgery, bring the book nearly to a close. Many of the notes are as valuable as the text, in point of merit ; and to one residing on this side of the Atlantic, the author's description of a litter for carrying patients on a camel's back, is something quite novel, if not instructive.

Very few of our readers will have an opportunity of examining this valuable work, it not being at all within the scope of any of the publishing houses here to take up a foreign publication that has an origin much beyond the land's end in England. If, however, some of the Philadelphia gentlemen, whose enterprise is the theme of praise with the New-England physicians, would re-print, in a small volume, Mr. Brett's essays on diseases of the generative and urinary organs, in connection with the sections in the fifth chapter, on diseases of the eye, we think it would have a ready sale.

Surgery and medicine are making rapid progress in India. The local government offers considerable encouragement to both, while it embarrasses the movements of those who maintain, by personal exertions, the scientific character of that distant country. On the whole, it is a mystery that the E. India Company, wielding, as it does, the power of an extensive dominion, does not show a more liberal policy towards institutions and men on which their government is actually dependent for its very existence.

Willoughby University, Ohio.—A circular came last week. No essential alteration has been made in the board of faculty or general policy of the medical department since last year. Lectures commence in November, and continue sixteen weeks. There is some obscurity in regard to the description of the edifice devoted to medical instruction. The account stands thus—"The College building is a brick edifice, sixty feet square, three stories high, with a basement—consisting of three lecture rooms; five professors' rooms; a dissecting room one hundred feet by twenty," &c. How is it possible, in a building sixty feet square, to have a dissecting room one hundred feet long—unless it is a spiral?

Maryland Medical and Surgical Journal.—The last No. of this Journal is well stocked with original and selected papers. Under the division of *Retrospective Review*, is a history of Jewish physicians, translated expressly for the Journal, which is creditable to the industry of those who select for its pages. This is the first No. of the second volume. Extracts will be given as opportunity presents.—The editors are desirous that new medical books, pamphlets, circulars, &c., should be sent to them, for notice in their pages; and we take this opportunity of reminding authors and publishers that a compliance with this desire (in the case of the Baltimore as well as other medical journals) will be for the mutual benefit of both parties.

Pennsylvania College.—As usual, the medical department of this College is completely organized, with good and able men, all at their posts. Dr. R. M. Bird has taken the place of the late lamented Dr. Samuel Colhoun. The concerns of the medical department, says the circular, "are under the exclusive control of the medical faculty—a feature of its (the College) government, which is believed will conduce much to the convenience, interests and permanency of the Institution." Examinations for a degree, commence in March; but, unfortunately, we can find no information, in this otherwise satisfactory annual, when the lectures begin. It would be for the future benefit of the College to let the exact time be generally known.

Medical Degrees at Yale College.—Eight young gentlemen were admitted to the degree of M.D. at the late Commencement at New Haven. This is far better than to have conferred one hundred, since the smallness of the number is some evidence of their having passed a proper ordeal. We are out of patience with the rival effort to turn out a large catalogue of graduates, so characteristic of some of the modern schools of medicine. Few and far between, like angels' visits, is vastly better for all concerned.

Foster's Truss Manufactory.—A circular from Mr. J. F. Foster, a truss manufacturer of Boston, who is well recommended by several eminent medical gentlemen of the city, reminds us to apprise the profession, as well as those requiring mechanical assistance in his line, that the testimony of all who have called on him is in favor of his work. All kinds of trusses and abdominal supporters, as the world is, even some of the most unexceptionable patents, may need a trifling alteration, and which can only be effected by one conversant with the mechanism of such instru-

ments, and who also possesses the advantages of a good judgment and long experience.

Female practising Phrenologist.—A Miss L. M. Barnes advertises, in a Boston paper, that she has taken rooms at the Eastern Stage House. Price of a phrenological examination, fifty cents. This is quite sickening. The science itself is not only disgraced by being made the instrument of a petty income to an ignorant, presuming, flippant-tongued female, but she thus brings contempt upon the sex, of whom better things are expected.

New York Medical Gazette.—In the imprint to this work, the name of William C. Roberts, M.D., has been inserted as editor; but in No. 6, his name is wanting—published, however, as before, by Uriah Turner, M.D. We suppose, as a matter of course, that there was a good and sufficient reason for this omission.

The Vapors of Nitrate of Potassa in Asthma.—I have lately met with some cases of asthma, in which great relief was derived from inhaling the vapors arising from the decomposition of nitrate of potassa. The patients, after saturating white paper with a solution of the nitrate, and drying it thoroughly, set it on fire, and, dropping it into some close vessel, inhale the gases evolved by the combustion. A teapot answers well for the purpose, but it is sufficient to drop the ignited paper in a common glass tumbler, applying the mouth to it while it is filled with the vapors. The relief has been manifest in several cases, and in one complete. The subject, a gentleman aged 55 years, had been afflicted with asthma for more than twenty years, the paroxysms of which were marked with all the distress that attends that disease. For five years past he has been exempt from it, and his restoration he attributes entirely to this remedy. He was in the habit of carrying with him, in his pocket-book, paper prepared for the occasion, and of resorting to the fumes whenever he was threatened with an attack.

A lady, of about the same age, has derived great benefit from these inhalations, in the same disease. The paroxysm is always shortened, and greatly mitigated, by a resort to them.

At present, I have a patient under my charge, laboring under a pulmonary affection, one of the most afflicting symptoms in which is dyspnœa. For this he has been inhaling the vapors of the nitrate for some days, and the result is, that he expectorates with more freedom and ease, and his breathing is much improved. In his case the remedy does not promise so much, as there is reason to fear the existence of organic lesions.—DR. YANDELL, in *Western Med. Jour.*

Tubercles developed by Intermittent Fever.—The development of tubercles, it is well known, is favored by whatever causes impair the healthy tone of the system. Tubercular consumption, for a year or two past, has been more common than usual in some parts of Tennessee, and it is worthy of remark, that intermittent fever also prevailed in those places to an unusual extent during the last two autumns. Visceral obstructions have attended many of these cases of intermittent, rendering the cure difficult,

and where the chills have continued to recur through the winter and following spring, phthisis has been but too frequently the consequence. This, indeed, is now one of the most dreaded of the sequelæ of intermittent fever in that region of country, and increasing the necessity of arresting the disease as early as possible. In a former No. we have spoken of the preparations of iron as adapted to cases of obstinate and protracted chills and fever, removing the anemic condition of the system which attends upon them; and we have now, upon the authority of some of the practitioners of Tennessee, to mention the sulphate of copper as a remedy which has been found superior to the salts of iron in this form of the disease.—*Ibid.*

On the Impropriety of dividing Muscles of the Back in lateral Curvatures of the Spine. By M. BOUVIER.—After numerous experiments, M. Bouvier concludes:—

1. That the section of the sacro-lumbalis, longissimus dorsi, spino-transverse muscles, &c. is not immediately followed by any diminution of spinal curvature.

2. The changes which the curves undergo during the succeeding mechanical treatment are exactly identical with the changes produced by this treatment alone, when it has not been preceded by the section of the muscles.

3. The space of time necessary to obtain these changes is the same whether we have recourse to orthopedic means alone, or practise also section of the muscles.

4. In a word, dorso-lumbar tenotomy has no kind of influence in remedying lateral deviation of the spine, properly so called.

M. Bouvier further concludes: 1. That the majority of lateral curvatures of the spine are not owing to muscular contraction; and, 2. That etiology, pathological anatomy and clinical experiments proscribe the section of the muscles of the back in the treatment of these curvatures.—*Brit. and For. Med. Review, from Gaz. Med.*

Tincture of Aconite in Neuralgic Pains.—The formula for the preparation of this tincture as employed by Mr. Curtis, is that recommended by Dr. Pereira in his “*Elements of Materia Medica.*” The root is collected in the spring, and dried. The tincture is made as follows:—R. Root of aconite, lb. j.; rectified spirit, O iss. Macerate for fourteen days, and strain.—*London Lancet.*

Medical Miscellany.—Dr. Mallory, now a member of Congress, from Virginia, has been notified by his constituents that he *misrepresents* their views and opinions.—Dr. Eldridge, the supposed rogue, well known by various unsuccessful attempts to convict him of high crimes, is finally at liberty again.—A singular disease of cattle has been noticed of late, in Byfield, Mass. Between twenty and thirty have died, but the cause is still unexplained.—Mary Porter died at Philadelphia, week before last, at the age of 104 years.—The long-talked-of Thomsonian convention, with reference to the location and establishment of a new school for teaching their system of medicine, is to meet in Boston on the second Wednesday of September.—Dr. Ruschenberger, of the navy, is about preparing a life

of the late Drs. Morgan and Boyd, of the navy.—M. Louvrier's newly-invented apparatus for instantly straightening a crooked leg, by a sort of *crush*, that overcomes all opposition of bones and muscles in a twinkling, is not at all popular. The patients are very apt to die in getting well, the shock and subsequent inflammation being too much for ordinary flesh and blood.—Smallpox has lately appeared in the north part of Vermont, west of the mountains.—S. H. Dickson, M.D., of Charleston, S. C., has been appointed orator of the Phi Beta Kappa, at Yale, next commencement.—Recent accounts from Havana bring the gratifying intelligence that the yellow fever is abating. A few cases have been announced at New Orleans of late, but, after all, the public health is good, for this season of the year in that place.

Number of deaths in Boston for the week ending Aug. 28, 43.—Males, 23; Females, 20.

Of consumption, 3—infantile, 3—atrophy, 1—dysentery, 7—intemperance, 1—smallpox, 2—dropsy, 1—debility, 2—hemorrhage, 1—teething, 3—marasmus, 1—croup, 1—bowel complaint, 2—scarlet fever, 2—cholera infantum, 2—canker in the bowels, 1—inflammation of the bowels, 1—cancer, 1—typhus fever, 1—canker, 1—drowned, 1—dropsy on the brain. 1.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

			Fees.
Anatomy and Operative Surgery, by	-	DR. WARREN,	\$15,00
Midwifery and Med. Jurisprudence, by	-	DR. CHANNING,	10,00
Materia Medica, by	-	DR. BIGELOW,	10,00
Principles of Surgery and Clinical Surgery, by	-	DR. HAYWARD,	10,00
Chemistry, by	-	DR. WEBSTER,	15,00
Theory and Practice of Physic and Clinical Medicine, by	-	DRS. WARE and BIGELOW,	15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1841.

S 1—eptN

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday in October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	-	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	-	C. B. COVENTRY, M.D., Urica.
Anatomy and Physiology, by	-	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	-	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	-	JOHN DELAMATER, M.D., Sarat. Springs.
Principles and Practice of Surgery, by	-	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator, -	-	SUMNER RHOADES, M.D. Geneva.

C. B. COVENTRY, Dean.

JAMES HADLEY, Registrar.

Geneva, August 17, 1841.

S 1—eptO

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND SESSION of this Institution will commence on the first Monday of November next. The faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.
H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.
CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.
THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—tN

THOS. E. BOND, JR., Dean.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841—42.

The regular Lectures will commence on the first Monday of November.

ROBBEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been *recently* added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

The annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.

GRANVILLE SHARP PATRISON, M.D., Professor of Anatomy.

JOHN REVEHE, M.D., Professor of Theory and Practice of Medicine.

MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a SCROOICAL CLINIQUE has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Secretary to the Faculty.

Jy 28—copN1

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	-	-	-	-	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	-	-	-	-	ELI IVES, M.D.
Materia Medica and Therapeutics, by	-	-	-	-	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	-	-	-	-	JONATHAN KNIGHT, M.D.
Obstetrics, by	-	-	-	-	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	-	-	-	-	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

CHARLES HOOKER, *Sec'y.*

Yale College, New Haven, July 6, 1841.

Jy 14—tsep28

THEODORE METCALF, APOTHECARY,

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foil. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

☞ Any instrument not in store, obtained to order at three days' notice.

Ap 7—6m

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840.

O. 23—hamtMcheoptO

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 8, 1841.

No. 5.

CASES OF COMPOUND FRACTURE OF THE LEG.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the following cases of compound fracture of the leg, which you are at liberty to publish if you think them of sufficient interest.

CASE I. *Compound comminuted Fracture of the Leg—Cure.*—Levi Bullock, of the town of Solon, in this county, æt. about 45, of intemperate habits, had his leg caught between a stick of timber and a tree on the 25th of June, 1838. Being alone, and a yoke of oxen attached to the stick, in order to liberate himself he was obliged to drive the cattle along until the end of the stick passed beyond the tree. The consequence was a severe compound comminuted fracture, attended with much laceration of the soft parts. I saw him five hours after the accident. On examination I found a fracture of both bones of the leg; tibia about two inches above the ankle-joint; fibula three inches. The foot was turned off at nearly a right angle with the leg; the upper fragment of the tibia protruding about three inches, was broken obliquely from below upwards and outwards; a piece of bone, comprising half the shaft of the tibia and nearly two inches long, was loosely attached to the lower fragment, which was readily removed with the fingers. Several other small portions of bone were found loose, and removed. The laceration extended from the ankle six inches upwards. The skin and muscles were torn and contused, and the wound filled with dirt and leaves. The patient was prepared in his mind to expect that the limb would be amputated, and when I informed him that I felt it my duty to make an attempt to save it, he very readily acquiesced in any method which I should adopt. After carefully cleansing the wound and removing all extraneous matter, the bones were reduced by making moderate extension and counter-extension; the wound was brought as nearly together as the irregular nature of it would admit, with adhesive straps; Scultetus's bandage was applied, and two splints, well padded, reaching from below the ankle to above the knee, were fastened with strong tapes. The leg was laid upon a pillow of chaff, and ordered to be kept constantly wet with spirits and water. A large anodyne was given, with directions to repeat it if required.

I saw him again on the 27th. The anodynes had kept him comfortable; but little sympathetic fever or pain; some starting of the limb while asleep; not much swelling of the limb. Ordered the limb to be kept wet with spirit and water, and a cathartic of sal. epsom. To continue anodynes *pro re nata*.

July 3d. Dressed the limb. The upper part of the wound had healed by the first intention, to the extent of two inches; the lower portion suppurates profusely. Wound looks well; not much swelling; lower portion of tibia disposed to protrude when the dressings are removed. Re-applied the same kind of dressing, except the adhesive plaster, for which the basilicon ointment and lint were used. Constitutional symptoms not severe; is disposed to delirium when not under the influence of opium; but little fever. Low diet, with cooling laxatives. As I lived some distance from my patient, I could not see him as often as was necessary to dress the limb. The patient's wife was therefore instructed to dress it daily, with as little disturbance as possible, by loosening the splints and removing two or three strips of the bandage.

On the 11th I again saw him; found that he had been very restless, with delirium, and had kicked his leg about and tried to get up, saying it was well. He had but little fever; his pulse were weak and the skin pale, with a sunken countenance, and that wild expression of the eye so peculiar in *delirium tremens*. On examining the limb, found the bone protruding two inches; retraction of the foot; the end of the bone was denuded of its periosteum, was dry, and the point irregular. From these circumstances, and the difficulty of keeping the bone reduced, I determined to saw off a portion of it, to the extent of an inch, which was easily accomplished by passing a strip of cloth over the end of the bone as a retractor, while one assistant held the end of the bone with a strong pair of forceps, and another the upper portion by grasping the leg tightly a little below the knee-joint. The bone was quickly removed with the amputating saw, with very little pain or irritation to the patient. The leg was now straightened, and the end of the bone was easily covered by the soft parts. Basilicon ointment and lint applied over the wound. The bandage of strips was put on, and the same splints as tightly applied as was necessary to keep the bone from getting displaced. The patient was ordered a liberal diet, with a moderate use of whiskey (his accustomed beverage), and opium in sufficient quantities to allay pain and quiet irritation; and as the weather was excessively hot, and the flies were troublesome, to prevent their larvæ from getting under the dressings, currier's oil and spirits of turpentine were applied to a cloth which was spread over the limb, which I found effectually prevented the development of these troublesome insects.

19th. Visited him again; found a great improvement in his general appearance. Has not been delirious since last visit; appetite good; pulse stronger; sleeps well nights; suffers but little pain; has reduced the quantity of opium one half; wound healing fast; suppuration diminishing in quantity; swelling in the limb is subsiding. Apply same dressings.

30th. Patient doing well; wound contracting, and nearly filled with healthy granulations; fibula has united; the limb retains its shape when the dressings are off. Same dressings applied; opium discontinued.

August 7th. Patient doing well; but little suppuration; begins to sit up some; sleeps well, and has a voracious appetite.

16th. Is able to go out upon crutches, with the leg tightly done up.

September 20th. Wound nearly healed, with the exception of a small

orifice, which discharges a very little pus; union of tibia quite firm; can bear his weight on it, yet does not attempt to walk; his general health is good. About the first of November he began to walk upon his limb, and has continued well ever since. He is a poor man and labors hard, and since the accident has obtained as high wages as before. The limb is one inch and a half shorter than the other. Some slight exfoliations took place the first year after the injury, but his leg at this time is sound; and with the exception of the shortening, is as serviceable as the other.

CASE II. Compound Fracture of the Leg—Cure.—On the 4th of July, 1839, I was called to see Wm. Smith, an intemperate man, æt. about 50, who had fallen from the staging of a building upon which he was at work, and fractured his leg. I saw him within two hours after the accident; found both bones broken—tibia about two inches above the ankle-joint, fibula about four; the end of the tibia protruded through a laceration on the inside of the leg. The laceration was four inches in length, and parallel with the bone. The end of the bone which protruded was transverse on the inside, and a small portion of the diameter of the bone on the outside, or next the fibula, was detached and had fallen out. The fractured end of the fibula was transverse, as near as could be ascertained. The periosteum was detached from the extreme end of the protruded bone, to the extent of perhaps one fourth of an inch. I removed one small spicula of bone, which was loose, from the wound. There was no dirt or foreign bodies in the wound, and but little hemorrhage. The limb was a little retracted, and the foot everted. After clearing the wound of coagula, the bones were placed in apposition, and the wound brought accurately together with narrow strips of adhesive plaster. Scultetus's bandage was next applied. Two splints, well padded, were placed upon each side of the limb, which reached above the knee and below the ankle; another thin, narrow splint was laid along the top of the leg, the whole secured by strong tapes, and the leg extended upon a pillow. An anodyne of sulphate of morphia was administered.

5th. Visited him, and found he had rested tolerably through the night and was free from fever. The man being poor, it was thought best to remove him to the County Alms House, and accordingly he was placed upon a bed in a sleigh, and drove the team himself, sitting in a reclining position, the distance of about one mile. I assisted in getting him into his room up stairs, examined his leg to see that the dressings were not deranged, placed the limb upon a pillow, and from that time expected my services would cease, as I was not the attending physician at the Alms House.

I heard no more of the case until the 13th of July, when one of the Superintendents called upon me, and requested my attendance at the Alms House that afternoon, for the purpose of amputating, or to assist in amputating, the patient's leg. On my arrival there I found a number of medical gentlemen present, who on examining the limb differed in opinion as to the propriety of amputation. The physicians of the House were of opinion that from the age and habits of the patient, the state of the weather, and apprehensions of fever, amputation was necessary to save his life. The limb at this time was in the following condition. The leg

lay over the double inclined plane, with the bone protruding through the wound; the bone was dark and dry to the extent of an inch or more; the wound gaped from the swelling of the limb, which was highly inflamed nearly to the knee; some healthy granulations filled the upper part of the wound, and covered the bone to some extent; pus of a healthy character issued from beneath the bone. The foot was everted and fallen over, and there was considerable shortening and retraction of the leg. The constitution sympathized but little with the local difficulty. No fever, appetite good, bowels regular, strength good. He suffered a great deal of pain in the leg, especially when it was moved or a jar communicated to the bed. Three of the surgeons in consultation were of the opinion that it was not necessary to amputate, as there were neither local nor constitutional symptoms demanding it; that an effort should be made to save the limb, and for that purpose the piece of bone which protruded should be removed with the saw, and the bones reduced and kept so until union had taken place.

As the consultation could not agree upon any course of treatment, the medical gentlemen retired, and the two physicians of the Alms House continued to attend upon the patient from day to day, until the 23d of July, ten days after the consultation, when the Superintendents of the poor gave the patient liberty to choose his surgeon, or surgeons, and they should be employed to attend him. On that day I received a summons to attend upon the patient, and do whatever the case required. Accordingly I visited the Alms House, and found the patient in nearly the same state as at the consultation. The foot was, perhaps, a little more displaced, and the protruding bone more dark; the wound had healed more at the upper part, and the constitutional symptoms were not bad. With the exception of pain in the wound, he complained but little. The swollen and inflamed condition of the limb rendered reduction of the bone impracticable; and as it was dead, and that portion could be easily removed by the saw, with the assistance of Dr. Joel R. Carpenter, of Homer, a retractor was placed beneath the bone; an assistant then grasped the point of it with a strong pair of lithotomy forceps and held it firm, another assistant held the leg firmly below the knee, while I quickly removed about an inch of the bone with the amputating saw, including all, as near as I could judge, that had lost its vitality.

Very little pain was experienced from the operation; the limb was placed in an easy position, and the dressing deferred until a suitable apparatus could be prepared. On the 24th, Dr. Ashbel Patterson, of Homer, met me at the Alms House, to assist in dressing the leg. After clearing the wound of pus and the larvæ of flies, who had insinuated themselves in great numbers behind the bone, we placed the bones in apposition without any difficulty, brought the foot back to its relative situation, and the bones in a line with each other; a roller was applied to the foot and ankle as high as the wound, then lint spread with basilicon ointment to the wound, and over that Scultetus's bandage, the strips of which could be easily withdrawn; next a carved splint to fit the outside of the foot and leg, reaching as high as the knee-joint, and well padded; another straight splint, cut away at the part where it passed over the wound, and

by which it could be examined without removing it. These splints were fastened to the foot, ankle, and near the knee, by broad strips of cloth, in such a manner as to produce but little constriction or swelling. By this kind of dressing, the wound could be easily examined and cleansed without deranging the splints or fractured ends of the bones. From this time the wound was dressed daily, and it continued to heal without interruption. The patient expressed himself much relieved. No constitutional disturbance arose to interrupt the cure. The fibula united in about 30 days, so that the limb would preserve its form when the splints were removed; but the tibia was a long time in uniting. Some time in the month of November following, the bones had so far united, and the sore so much healed, that the patient left his bed and went upon crutches. He staid at the Alms House during the winter, improving, and the next spring some exfoliation took place and the bone discharged. After this the leg healed, with the exception of one or two small sinuses which barely admitted the point of a probe. In about a year from the time of the injury, his leg was so strong as to enable him to walk upon it, and it continued improving in strength so that he could do a good day's work upon it and travel with ease. It is, of course, an inch or more less in length than the other.

The strong points of interest in this case, are—Were the symptoms, at the time of consultation, such as to justify a resort to amputation? If not, then what course should have been adopted? Was not the removal of the dead portion of bone indicated to facilitate the reduction of the fracture and progress of the cure? Was it contrary to established authority? Would it have been better and more judicious practice to have allowed the bone to remain protruding until exfoliation had taken place, before an attempt was made to replace it? Was it not important that the fibula was kept in place until union of that bone had taken place? Could the fibula unite properly with the limb thus distorted? These are questions which I submit to the profession, without any comments of my own.

A. B. SHIPMAN, M.D., *President of*

Cortlandville, N. Y., Aug. 17, 1841.

the Cortland Med. Soc.

DR. CARPENTER'S PHYSIOLOGY VERSUS REVELATION.

[Communicated for the Boston Medical and Surgical Journal.]

It is my present purpose to show that Dr. Carpenter (whom I have identified as the author of the pretended review of my "Commentaries" in the British and Foreign Medical Review), and the school that maintain the existence of the vital properties in the elements of matter, are necessarily in conflict with Revelation, as with the highest dictates of reason.

"The doctrine," says my reviewer, "which Dr. Carpenter has propounded respecting *vital properties*, and which is essentially the same as that upheld by Dr. Prichard, Dr. Fletcher, Mr. Robertson, and other able writers upon the same side, may be concisely stated as follows:—Certain forms of matter, especially oxygen, hydrogen, carbon and nitrogen, are endowed with properties which do not manifest themselves either in these

elements when uncombined, or in those combinations of them which the chemist effects by *ordinary* means. But they do manifest themselves when they are united into those peculiar compounds which are known as organic, and when these compounds have been submitted to the process which is termed organization. We ASSERT, then, that the very act of organization causes the materials acted on to exhibit properties quite distinct from those ordinarily termed physical and chemical, which properties cannot be caused to manifest themselves in any other way than by the series of operations just described. No one *can say* that the properties do not exist in a *dormant* state because they do not manifest themselves to him." "We argue that they [the vital properties] were as much present in the *elements as any of their other properties*, which only exhibit themselves in certain conditions."—(*Review, April, 1841, pp. 389, 390.—My Italics, throughout.*)

And thus Dr. Carpenter, in his "Principles of General and Comparative Physiology," who must abide his own principle of analogy.

"It cannot, then, be logically correct, to speak of vital properties as *superadded* to organized matter, although an apparent analogy has been drawn from physical science in support of the assumption." "If an analogy exist between the two processes, which can scarcely be denied, it leads us to the belief, that JUST as the MAGNETIC POWERS are developed in IRON, when the metallic mass is placed in a condition to manifest them, so the very ACT OF ORGANIZATION develops VITAL POWERS in the tissues which IT CONSTRUCTS [!!] For no one can *assert* that there does not exist in *every uncombined particle of matter*, which is capable of being assimilated, the *ability* to exhibit *vital actions*, when placed in the requisite conditions."—(*Carp. Princip., p. 137.—1839*). The reviewer has the same parallel. Is there the most remote "analogy"?

There occur in my late "Examination" of the foregoing review the following extracts and remarks.

"'But, we take this opportunity,'" says the reviewer, "'of stating that our belief in the general proposition, that 'plants or animals of a high degree of organization are *capable of producing from various parts* of their tissues *beings* corresponding to those of the inferior orders of their kingdoms,' has recently been much strengthened by additional evidence.'"—(*Rev., p. 393.*) What is the evidence?—See *Comm., Vol. 2, p. 130.*

"Dr. Carpenter is of the same opinion. Thus:—

"'It appears very difficult, and indeed almost impossible, without some admission of this kind, to account for the production of *parasitic* plants and *animals* in the interior of others. That their *germs* have been conveyed from without into the situations where they are developed, must be held as a very forced supposition,' &c.—(*Carp. Princip., p. 395.*)

"Suppose it so;—is not the organization of the *parasite* as absolutely *specific* as that of the more complete animal—it may be beast, it may be man? Where, then, must this doctrine conduct our philosophers? *Professions*, in such a case, are nothing; and they are nothing when *God* is confounded with *nature*.—(*See Exam., p. 10.*) We must look at the inevitable consequence of the *principle*; whilst Dr. Carpenter and the reviewer have also laid the broad foundation, that all the *vital properties*

there are, exist in the elements of matter, and the former goes so far as to say that—‘*We may believe that there exists in all matter a tendency to become organized*’ (Carp. *Princip.*, p. 394), and that the *elements may be organized by the hand of man*’!—(*Exam.*, p. 40.) Compare with Tiedemann’s doctrine in *Comm.*, Vol. 2, p. 124.”—(*Examination*, &c., p. 43.)

Doubtless, many will consider my proposition already made out; but there is yet remaining another and *conclusive* demonstration. It is admitted, by our premises, that there is nothing to show the existence of vital properties in the elements of matter, and that they are only manifested when the elements become organized. The right is assumed, however, of maintaining that they do so exist, and that it will not be surrendered till its opponents prove the self-evident absurdity. This postulate, it will be seen in the first place, is subversive of all philosophy, and that La Place, with a far greater show of reason, insisted that the nebular state of the universe, which he supposes (*Exposition du Système du Monde*, l. 5me, c. 6), had the fundamental requisite for the Platonic doctrine of creation,—that is to say, a rotation upon its axis, and thus carried out a fascinating system which lays the foundation of the universe in the principle of spontaneity. La Place thus saw the necessity of avowing atheism, which he did without subterfuge, and with a manly responsibility. We need not, therefore, controvert his nebular doctrine. Our next step is the admitted fact that the phenomena of the vital properties are *sui generis*—that they are not manifested by inorganic matter, but are peculiar to organic. According to our opponents, however, this constituted no proof of the non-existence of the vital properties in the elements of matter, and they therefore rest upon the *assumption* of such existence.

But the manifestations of the *soul* are not more peculiar to man than the phenomena of organic life, and it follows from our premises, by irresistible analogy, that the *soul* must, equally with the vital properties, exist in the elements of matter, and like those properties undergoes development by the organization of the elements; and that our opponents, upon their own ground, must assume this as fact till it can be otherwise demonstrated, and by the same process of inductive philosophy which they require as to the non-existence of the vital properties in the elements of matter. We thus arrive at a proof which no sophistry can invalidate, that the *Edinburgh Journal* was sound in its conclusion, that Dr. Carpenter has inculcated in his “*Principles*” the doctrines of infidelity.—(See *Edinburgh Medical and Surgical Journal*, Jan., 1840.) And so, exactly, of my reviewer.

And again, Dr. Carpenter, and my reviewer, maintain that when man dies and is resolved into the elements of matter, his vital properties continue to exist in those elements; and that when these elements become a part of the organization of inferior animals or of plants, his vital properties share the same destiny. It follows, therefore, that the soul must observe the same rule of construction—appearing under the manifestations of instinct in animals, and in plants according to the nature of their organization.

On the contrary, those, who entertain the belief of a Creative Power, and of the immateriality and immortality of the soul, and that it was su-

peradded to man after the creation of his organized structure, as set forth in Revelation, by assuming the truth of this proposition, will find in the foregoing argument a full demonstration that the vital properties must have been equally *superadded* as a distinct creation; since the manifestations of the properties of life are not less various, remarkable, and peculiar to organic beings than those of the soul. The analogy is as good in one case as in the other, and is confirmed by all the evidences of nature. It is a species of analogy, too, rather more to the purposes of philosophy than that which Dr. Carpenter assumes between the development of "magnetic powers" by placing a bar of iron in an erect position, and the development of "vital properties" by the *conversion* of the elements of matter into *organized tissues* (so replete with the highest evidences of design), and then extorting from this extraordinary assumption the conclusion, that the "vital properties" like the "magnetic powers" exist in the elements of matter. Our author cannot, at best, escape from his own logic; and the proof, upon his own ground of a coincident analogy, must be valid, or otherwise, according to the strength of the analogy. The reviewer has exactly the same argument as to the "magnetic powers," and therefore falls under the same category.

Dr. Carpenter, in his defence of himself against the "charges" of the Edinburgh Journal, quotes the opinions of his own school to justify his doctrines. But, why not defend them himself? Why this habitual dependence upon others? Why not take the natural course of the present writer? Those are questions, too, on which something more than the authority of opinion is wanted; nor will Dr. Carpenter longer contend "that to none of their arguments has any formal reply been made." Our author says farther, also, "it will be easy for me, should they [the charges] ever be repeated, to bring forward a body of testimony, which, with those unaccustomed to inquiries of this kind, will weigh more than argument."—(*See British and Foreign Med. Rev. April, 1840.*) Of course, our author will now "bring forward the body of testimony"; but since it is not to possess the merit of "argument," it may be expected that it will not be a reiteration of the opinions of Dr. Prichard, Dr. Fletcher, and Mr. Robertson, which have been already produced by Dr. Carpenter in his "Defence," in his "Principles," and in his review of my "Commentaries."

The late unexampled misrepresentation and injustice with which I have been treated by the British and Foreign, and Medico-Chirurgical Reviews, and which I have exposed in a pamphlet rather than to avail myself of the courtesy of the American medical press, appear to my mind to justify the addition to this communication of a few extracts from my "Commentaries," touching the utterly unfounded charge of a disbelief in the *immortality* of the soul, preferred, apparently, by the junior editor of the Medico-Chirurgical Review, and whose very mode of misrepresenting my faith upon this question convicts him of the alleged infidelity, as it does of the most unaccountable disregard of truth. And yet I would not that this statement should imply that I am annoyed, since it is made as an inevitable dictate of truth, and for the purpose of its advancement. I would, also, farther premise, that no little part of my Essay on the Vital

Powers is devoted to a proof of the *immateriality* and *immortality* of the soul, as connected with my demonstration of the specific existence of the *vital principle*. An exemplification of this fact is exhibited in my "Examination," &c., and I shall now subjoin an example which illustrates the whole object of my "Appendix on Spontaneous Generation," as it does of the religious tone which is infused into the whole work. I have no apprehension that justice will not ultimately come, and in all the measure that I can desire from my cotemporaries; but I am, nevertheless, disposed to anticipate the slow march of truth, and to test, upon the foregoing question at least, *and on my own native soil*, a principle which has been attributed to man at all ages as a proof of his moral obliquity.

Having gone over, in my "Appendix on Spontaneous Generation," with my physiological evidence against this doctrine, and that of *materialism*, I have many remarks of the following import.

"The manifestations of mind, by admission, appertain to the brain, nor can any other part of the body produce a single act of intellection. But, the brain enjoys, also, in the highest degree, the powers and functions that belong to other complex organs,—has its circulation, nutrition, secretion, and presides, more or less, over the organic functions of other viscera. All these are manifestly *organic* functions, which have their analogies in various other parts. There is *something*, however, *superadded* to this organ, to which there is nothing analogous in the rest of organized matter; whilst all other organs have the plainest analogies in their several functions. It is clear, therefore, that the phenomena of mind are the result of the *combined action* of this *something* (which rational philosophers call the *soul*) and the material part. The same arguments which are employed in another place (Essay on the Vital Powers) to show that the powers of life are *something*, and not a mere matter of fancy, are equally applicable for demonstrating the real existence of the *soul* as contradistinguished from *nothing*; and we think the proof is the same, and as palpable, in one case as in the other." [It will be seen that I have arrived at the same result in this article by a new process of induction, both as it respects the soul and the vital principle. Other new methods appear in my "Examination," &c., pp. 33, 39, 40. Can they be set aside?]

"Although we are disposed to give a liberal construction to the Holy Scriptures, we think there should be no violation of any direct statements which they make, however they may appear incapable of explanation, or adverse to the researches, or the learning, the philosophy, or the ambition of man. In our investigation of the works of nature, it should ever be a primary object to render our discoveries subservient to the Revelation which respects creation, and the extension of true philosophy will surely follow. And, should we now and then meet with apparent obscurities, they should be rather regarded as tending to establish our general position, since it is God alone who is the Author of mysteries; and whenever they have been clearly expounded, they have always appeared consistent with whatever had been known of His Providence, and the most obvious import of Revelation. 'It is the glory of God,' says Bacon, 'to conceal a thing, and the glory of the king to find it out.' But, above all, does it behove the geologist, the physician, the chemist, and all others who are

employed in the investigation and interpretation of nature, to be faithful to the lofty trust which is committed to their care. They should be cautious of breaking up the great chain of creation, and of reducing the noble parts to the most ignoble. Least of all can any philosophy endure which is opposed to the fundamental acts of creation, because it would not then be founded upon nature. Whoever, therefore, may be an unbeliever, will find it for his interest as a philosopher, to admit the Attributes of a Creative Power. We are fully sensible, however, that, in the ardor to account satisfactorily for anomalous events, we may unintentionally misinterpret the established order of nature," &c.

"The discussion with which we began this Appendix naturally conducted us to that of '*materialism*.' The subjects being intrinsically of a popular nature, we may, for a moment, descend from the altar of science and approach the precincts of the pulpit. This we do for the purpose of saying that physiology should become an element in the education of clergymen. The enemy of religion, or the well meaning but mistaken cosmographer, takes advantage of your want of familiarity with this department of knowledge. They tell you that the living system has no forces peculiar to itself, and that it is wholly amenable to such as rule in the inorganic world; and they conduct you at last, by these premises, to an almost irresistible admission that living beings may be created by their power. And we have already shown you, when thus prepared, how easy a matter it is to spread before you, without greatly shocking the religious sense, a plan of creation which ascribes the origin of animals to '*spontaneous generation*,' as it is called in preference to '*chance*.'

"The progress towards infidelity is always slow,—at least apparently so in a Christian land; and, whenever the consummation may take place, regard for reputation, and a more successful propagation of the doctrine, will surround it with reservations, insinuating analogies, and perhaps with some show of religion, either for the affected purpose of impartiality, or to furnish a loop-hole of retreat, should the enemy crowd hard. The steps are gradual from the incipient errors in natural philosophy to a disbelief in the Mosaic record of creation. When we have ultimately reached this brink of the precipice, there is but one dreadful plunge, and we are then in the vortex of atheism. We may begin, as we have said, with a simple denial of the living powers of organized beings, and it will become, at last, an easy argument upon this, and analogous premises, that the Almighty had but very little, if any agency, in the most sublime part of existences. But, when you shall look at physiology in its true aspect, you will see that the living, organized kingdoms are governed by laws totally different from any thing that is known of the inorganic. This will assure you that there can be no '*spontaneous generation*,'—that the forces of physics can have had no lot in the creation or in the perpetuity of animals; but, on the contrary, it is their work to *lay waste the whole fabric of creation*. You come, then, to enjoy the undisturbed conviction, that the creation of every original species of animals was a special act of God, and that they are, in every vital sense, contradistinguished from inorganic matter. And when you shall have thus studied nature as she is, you will find her in perfect harmony with your religious impressions; nor can she fail to exalt your religious fervor.

"Let *philosophy* interrogate nature to its fullest satiety, under the direction of its heaven-born principles; but, let it be consistent, and maintain its dignity. And should it sometimes, as it must in its wide range of nature, come in contact with miracles,—this is its limit, contented that it begins at the confines of creation; yet, still may it stretch into the regions of eternity,—past and to come; but now it is employed in its nobler work of sacrificing its relations to second causes, and in establishing relations with the FIRST CAUSE OF ALL." (*Comm.*, Vol. 2, pp. 132—140.)

Such, then, is a farther exhibition of the religious doctrines which it has been one object of my "Commentaries" to inculcate, and which pervade the work on Geology, announced in my late "Examination."

In taking my leave, at least for the present, of the foregoing reviewers, Dr. Carpenter will indulge me with *borrowing* a sentiment from *his* Defence. Thus:—

"I trust that I have now sufficiently vindicated myself from the principal charges which the reviewer has brought against me; and that I have proved his incompetency to pronounce an opinion upon the merits of my work. More than this it is not my desire to urge. And I shall conclude with again expressing my regret at the necessity I have felt to make animadversions that so seriously affect the character of a Journal which has rendered great services to medical science, and to which the profession has been *accustomed* to look up with respect." (*Dr. Carpenter.*)

If, then, the Edinburgh Journal should be visited by the retribution which is here invoked, for the just exercise of its high prerogative, what should be the destiny of Journals which have endeavored, by an unmitigated series of misrepresentations in relation to my work, to impede the march of those principles upon which the Almighty has constituted the order of nature, and upon which He has engrafted the highest destinies of man,—and especially where the pages of one have been also shown to be encumbered with methodical plagiarism, alike offensive to reason, to truth, and morality.

Being disposed to abide the issue of the deliberate judgment of mankind, I shall incorporate the foregoing remarks with my "Commentaries," along with my "Examination."

MARTYN PAINE, M.D. A.M.,

Prof. of the Inst. of Med. and Mat. Med. in Univ. of N. York.

New York, August 9, 1841.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 64.]

ANY purgative compound of which calomel is a constituent, administered on the first intimation of the approach of the yellow fever, if it procure a thorough evacuation of the bowels, may, in many instances, like other cathartics, prove prophylactic.

Calomel acts on the system primarily through the medium of the mucous membrane of the hollow organs and skin, and possesses the properties of a purgative, a sialagogue, and a remedial virtue which may become

manifest without causing any perceptible alteration in the functions. In whatever mode the preparations of quicksilver may be administered, either by rubbing the gums with calomel; or by sprinkling it on an ulcerative surface; or by giving it in repeated, or even in a single, cathartic doses; or by inunction of the unguentum hydrargyri; or by the application of emplastrum hydrargyri; the mercurial action may be diffused throughout the whole extent of the mucous and cutaneous tissues; and, either by their separate or conjoint operation, the following results may ensue, namely,—dejections; salivation; and an efficient and sometimes a curative influence on the constitution, without the occurrence of any sensible change in the functions. To these extraordinary effects if we add their efficacy, as a specific, in one of the most loathsome, and, if neglected, destructive maladies, it is not strange, that a medicine endowed with such various and active properties, should induce practitioners to consider its remedial power applicable in the treatment of numerous diseases, even of a diversified character. The position, that one disease may be cured by the substitution of another,* and therefore, in almost every lesion of an important organ, provided a salivation be once established, a cure will ensue, has had no inconsiderable agency in bringing mercury into general use. From its known activity, calomel, regardless of its liability of subjecting the whole system to a mercurial action, has been employed more than any other article in the materia medica, in purgative formulæ. Thus, under whatever form preparations of quicksilver may be administered, the mucous and cutaneous tissues, throughout their whole extent, are subjected to the mercurial action; and, of course, the mucous membrane of the pori biliarii will partake of the same influence. In 1793, calomel was given with very great freedom as an evacuant;

* This position, so far as syphilis is concerned, is an approximation to homœopathy; but with the view of curing this disease, we should not be content with administering mercury in infinitesimal doses, unless we should be convinced, as homœopaths aver, that by attenuation and dilution (*a*) they acquire a strength equal to those which are employed by allopathists. It is established, beyond all controversy, this disease is radically cured by adopting the allopathic course of remedies; and, if the same result be attained by infinitesimally small doses, it will be a mere matter of indifference which mode of treatment we might select.

It has been ascertained in two instances, that balsam copaiva and cubebs produced symptoms, “nearly,” resembling those of the disease for which they were prescribed; still, I believe, that these are not remedies allopathists employ under similar circumstances.

It would be, undoubtedly, highly judicious to administer in infinitesimal doses the therapeutic agents possessing deleterious properties of the highest grade.

The homœopathic globules possess activity, as one globule of *nux vomica* was given after long intervals with sensible benefit; but on repeating it daily, the deleterious property of the narcotic soon began to be developed to such a degree, as to render it necessary to suspend its use. Again, in a case of dropsy the sixteenth part of a globule of arsenic was prescribed, to be taken daily; after a few doses, absorption ensued.

It seems mistakes may be made in the selection of remedies, which, however, would be of no consequence if the globules were innocuous. The following quotation is made from Hahnemann’s *Organon*:—“Subsequent to the year 1801, a purple miliary fever came from the west of Europe, which physicians confounded with scarlatina, although the signs of these two affections are entirely different, and aconite is the curative and preservative remedy of the first, and belladonna of the second; while the former always assumes the epidemic character, the latter is mostly sporadic.” It seems, also, homœopathic remedies are not found against every disease, for he adds:—“Of late years, both these two affections appear to have been combined into a species of eruptive fever, against which neither of these two remedies were found perfectly homœopathic.”

It is proper the homœopathic mode of treating disease should undergo a thorough investigation by a committee, and the result of their deliberation made public. Had this course been pursued with the Thomsonian practice, it would have been of great service to the community. I shall continue to examine into the merits of the Hahnemannian practice, as I have already done with regard to the Thomsonian.

(*a*) *Hic agendi modus vulgo attenuatio aut dilutio, rectius explicatio aut extensio virium medicarum appellari debet, perinde ac calor latens e corporibus aut terendo excluditur aut quibusdam misturis chemicis vigore prius incognito erumpit.*—*Pharmacopœia Homœopathica*, Editit F. F. QUIX, M.D., Lond. 1834, p. 2.

and no doubt, so far as its cathartic property, by removing from the bowels the colluvies as fast as it is generated, might be attended with advantage; but this is more than counterbalanced by the irritation of the inner membrane of the digestive tube and the *pori biliarii* that will follow.

It was the prevalent opinion, that in the acute stage of all inflammatory affections, the irritation arising from the operation of calomel was pernicious. I found this opinion to accord with my experience in the cases of yellow fever that came under my care. Dr. Wood, in the United States Dispensary, has the following remarks: "As a purgative, calomel owes its chief value to its tendency to the liver, the secretory functions of which it powerfully *stimulates*." He moreover remarks, that "it is peculiarly useful in the commencement of bilious fevers." It would be presumption in me to pretend to controvert this assertion, as the position of Dr. Wood affords him an ample opportunity of testing the merit of every article employed in the treatment of this class of diseases. In the passive—or chronic—stage, indeed, of the inflammation of the tissues concerned in the secretory function of the liver, calomel in cathartic doses is of very great utility; in this northern climate, one portion of ten grains alone has removed the hepatic affection, and restored the patient to health. May not the relief arising from evacuating the contents of the digestive canal, have the tendency to make us overlook the irritation which calomel may produce, when the mucous membrane of the hollow organs is in a state of inflammation?

[To be continued.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 8, 1841.

NEW MEDICAL DISPENSARY OF THE UNIVERSITY OF NEW YORK.

FROM time to time we notice very interesting descriptions of the transactions in this newly established institution, and which are well calculated to attract the attention of the profession. It has been a mistaken policy in the management of medical schools and hospitals in the United States, to keep everything so hermetically excluded from the public eye, that those who would derive essential advantages from them, stand in awe of them, as though Eleusinian mysteries were practised within their terrific precincts, to which none but the regularly initiated could with propriety be admitted. Such institutions have too often not been open to the whole mass of diseased humanity on those generous terms of indiscriminate philanthropy which their object ostensibly indicates,—the lame, the halt and the blind being only admitted to the fountain of health through the condescending permission of an annual subscriber, an owner of shares in the capital stock, or by beseeching the grace of a trustee; and they are consequently not regarded with interest, nor ordinarily sustained by kind and proper motives. Within a few weeks the Dispensary of the University of New York has been created, and the welkin rings with its

brilliant achievements. It is certain that the true principle of conducting a charity of this kind has at length been discovered. The diseased multitude rush to its portals—for there are no embarrassments in the way. Each case is examined, and all the relief is afforded which experience, the art of surgery, or the science of medicine, can afford. Without reference to their place of abode, or their condition in society, those who seek relief receive immediate attention. While the new Dispensary is thus conferring direct blessing, without an expectation of fee or pecuniary reward, it tends to the certain individual reputation of those who immediately control its destiny.—Were a similar institution organized in Boston or in either of our other large cities, we venture to assert that the numbers which would visit it would at once convince those embarking in the benevolent enterprise, that generosity to the poor is a positive gain to the giver.

Board of Health in New Orleans.—A short time since, a regularly-constituted Board of Health was established in New Orleans, of which Edw. H. Barton, M.D., an eminent physician, and who will at once give character to the Board, has been elected the first President. Instead of guessing, as heretofore, at the mortality of that city, during those exciting periods when rumor gives death the reputation of wielding that instrument of destruction, the yellow fever, with fearful energy, till the mercantile world stands in awe of New Orleans as the grave of all who have the temerity to adventure within its limits, exact statistical returns are now to be made by every practitioner, and each day's official bulletin will relieve the public mind at a distance. If it should ultimately be shown, as there is some reason to anticipate, that New Orleans is not that awful Golgotha, it has the unenviable reputation of being, a new impulse will be given to its trade, and its inhabitants will speedily reap the benefits accruing from the institution of a well-conducted health police.

The last public statement made by the Board respecting the yellow fever, shows it to be on the increase.

Progress of Epidemic Animal Magnetism.—Such were the symptoms, we understand, at Portland, the other day, that the epidemic must be raging there by this time. All that was necessary to give full effect to animal magnetism, short of a "committee of investigation," was near at hand, viz. the celebrated Robert H. Collyer, and Fred, the paddy, well disciplined for show. Augusta, Hallowell, Gardiner, and in fact all the principal towns in Maine whose inhabitants are likely to pay ninepence at the door, may expect a visit soon.—Boston is now remarkably quiet—the report of the immortal associates having satisfied the knowing ones that there is a vast difference betwixt tweedle dee and tweedle dum.

Medicinal Springs of Virginia.—These springs are undoubtedly as remarkable as any in the world; yet we know less of the chemical composition of their waters, than we do of those resorted to by invalids on the old continents.—What has become of Prof. Rodgers, of William and Mary's College, who was to have given the public an analysis of the various springs of Virginia, years ago? A culpable piece of management seems to have been practised by Prof. R., with an expectation, probably, of giv-

ing more interest to a certain treatise he is elaborating, than it would otherwise possess. The march of science demands that he should at once break silence on this subject, even if it does anticipate the pages of a new book.

Progress of Dental Science in America.—Under this head a writer in the London Lancet speaks very favorably of the praiseworthy exertions recently made in this country by some of our leading surgeon-dentists. It is well known that these exertions have resulted in the organization of the "Society of Dental Surgeons," and the commencement of the "Journal of Dental Science," both of which are justly extolled by the writer alluded to.

TO CORRESPONDENTS.—A Report from the Mass. General Hospital, and other papers, are unavoidably omitted this week.

ERRATUM.—In last week's Journal, page 64, Dr. Ebenezer Stone's name was erroneously printed "Stow."

Number of deaths in Boston for the week ending Sept. 4th, 58.—Males, 27; Females, 31.—Stillborn, 4. Of consumption, 12—dropsy, 1—debility, 3—dropsy on the brain, 1—bowel complaint, 6—scarlet fever, 2—dysentery, 6—infantile, 2—fits, 2—teething, 1—croup, 3—old age, 2—cholera infantum, 6—canker in the bowels, 2—cholera morbus, 1—inflammation of the bowels, 1—typhus fever, 1—cramp in the stomach, 1—gangrene, 1—erysipelas, 1—intemperance, 1—disease of the heart, 1—lung fever, 1.

MEDICAL INSTRUCTION.

The subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2,50 to \$3,00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.

JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.

T. ROMEYN BECK, M.D., Prof. Materia Medica.

EBENEZER EMMONS, M.D., Prof. Obstetrics and Natural History.

LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.

JAMES H. ARMSBY, M.D., Prof. Anatomy.

THOMAS HUN, M.D., Prof. Institutes of Medicine.

AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3,50 per week.

Aug. 11—6w

ALDEN MARCH, M.D., *President of Faculty.*
J. H. ARMSBY, M.D., *Registrar.*

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.

HARVEY LINDSLEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SHOOT, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

THOMAS MILLER, M.D.

Washington, May 1, 1841.

My 12—1untN

Dean of the Faculty.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

			Fees.
Anatomy and Operative Surgery, by	-	DR. WARREN,	\$15,00
Midwifery and Med. Jurisprudence, by	-	DR. CHANNING,	10,00
Materia Medica, by	-	DR. BIGELOW,	10,00
Principles of Surgery and Clinical Surgery, by	-	DR. HAYWARD,	10,00
Chemistry, by	-	DR. WEBSTER,	15,00
Theory and Practice of Physic and Clinical Medicine, by	-	DRS. WARE and BIGELOW,	15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1841.

S 1—eptN

UNIVERSITY OF PENNSYLVANIA—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	ROBERT HARE, M.D.
Surgery, by	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	-	W. W. GERHARD, M.D. and
“ on Surgery, by	-	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

W. E. HORNER,

Aug. 29, 1841.

A 25—tDecl

Dean of the Med. Faculty, 253 Chesnut st., Philadelphia.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday in October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	-	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	-	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	-	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	-	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	-	JOHN DELAMATER, M.D., Sarat. Springs.
Principles and Practice of Surgery, by	-	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator, -	-	SUMNER RHOADES, M.D. Geneva.

Geneva, August 17, 1841.

S 1—eptO

C. B. COVENTRY, Dean.
JAMES HADLEY, Registrar.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3,00 a year in advance, \$3,50 after three months, or \$1,00 if not paid within the year. Two copies to the same address, for \$5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 15, 1841.

No. 6.

CASES OF STRABISMUS DIVERGENS AND OPERATION.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

REMARKS.—There appears to be a difference of opinion among writers respecting the result of the operation by the division of the muscle in divergent strabismus or leer. Mr. Duffin remarks that he has met with twenty-three examples of divergent strabismus; and of the operations performed upon these, very few have been, strictly speaking, *perfectly* successful, although improved considerably. He supposes likewise that there is more danger that an ungainly protrusion of the eyeball will follow the division of the external than the internal straight muscle; and finally he asserts that the power of vision is not improved even in the slightest degree by the operation, in cases of divergent strabismus. For which reasons he concludes that “it is therefore a matter for consideration, whether the division of the external rectus is a measure to be generally advised or not.” Mr. Bennet Lucas has operated in only one case of divergent squint, and this successfully as regards the removal of the distortion. He makes no mention of the degree of vision possessed by the patient. Mr. C. R. Hall, London Medical Gazette, says, “In two instances only, out of thirteen, has the division of the rectus externus failed to remedy divergent strabismus. But in six out of the eleven successful cases, the cornea has only by degrees attained its proper situation.”

The result of my experience, founded on these few cases which I enclose for your Journal, is directly opposed to that of Mr. Duffin. With respect, however, to the superior facility of making the section of the abductor over that of the adductor muscle, or that of any other of the orbital muscles, I coincide with him, in opposition to the opinion of some other operators. The division of the external rectus is not only easier of execution and accompanied with less hemorrhage than that of the internal, but owing to the incision being covered and protected from the air by the external commissure of the eyelids, it is also attended with less suffering and inconvenience to the patient. The protrusion of the eyeball, which is a serious objection to myotomia and tenotomia ocularis, is, according to Dr. F. A. Ammon, less likely to ensue in the diverging than in the converging variety; indeed, I have not seen a single instance of this occurrence following an operation for the former, while unfortunately it is by no means an uncommon result in the latter. With respect to the improvement of vision consequent upon the operation, so far as can be inferred from the few cases appended, the result is quite satisfactory.

It has been observed that the recti muscles are not inserted at equal distances, relatively with each other, from the circumference of the cornea, and also that the extent of their insertions differs very much. The eye "being globular, the shape of the insertion of each muscle necessarily forms a portion of the segment of a circle, with the convexity towards the cornea, thus bringing the centre of the insertion nearer the cornea than its ends—a fact to be noted with reference to the operation." The insertion of the external rectus is farther from the cornea than that of the internal, the former being "distant at its centre nearly five lines, and its superior and inferior edges nearly six lines;" that is, about two lines farther from the cornea than is the insertion of the internal rectus. In operating for divergent strabismus, I think that in most cases, the speculum may be laid aside, and an expert assistant should be desired to elevate the upper lid with the fingers of one hand, at the same time drawing it firmly towards the temple, while with the other the lower lid should be drawn outward as well as downward. This, it is obvious, will enlarge the field of operation. Then the eye to be operated upon being turned strongly towards the inner canthus, and an opening made through the conjunctiva raised from the sclerotica with a hook, the section of the tendon may be made about half way between the margin of the cornea and the outer canthus of the eye. The mode pursued by Mr. Hall, vide Case VI., appears to me to be well adapted to cases of divergent squint, unless indeed the subconjunctival method of M. Guérin, of Paris, should be found preferable. I am informed, however, by a very intelligent medical gentleman recently from that city, that M. Guérin confines the method introduced by him to cases of convergent strabismus, and that he operates in the usual manner in that form of squint under consideration. The after-treatment is simple.

My opinion of the operation of mytomia ocularis for the cure of *convergent* strabismus, has been asked. I answer that it does not correspond with the exaggerated, and, I may say, deceptive reports of the success blazoned forth in all the published accounts that I have seen. I wish also to observe, that all the works on strabismus with which I have met, are miserably deficient in directions for the after-treatment; which in nine cases out of ten of *convergent* squint is of vital importance to a successful issue. But reserving to myself the privilege of making some farther remarks at a future period, I proceed to detail the cases already referred to.

CASE 1. *Division of the External Straight Muscle.*—Otis Foster, Snowhill court, 26 years of age, has had from childhood strabismus divergens of the left eye. It was occasioned by convulsions consequent upon hooping cough. The state of the pupil and the motions of the left eye, when the sound one is closed, are normal, and the power of vision is equally good in either eye; the irides are of a blue color and the eyeballs are prominent. The patient is a mechanic in active business, and having suffered much inconvenience from inability to make the axis of each eye correspond, he was very desirous of trying the effect of the new operation for the cure of strabismus.

With the assistance of Dr. Inches and Dr. Wigglesworth, *March 10th*, I divided the tendon of the external rectus muscle of the left eye, using

the blunt hook and scissors, as recommended by Mr. Bennet Lucas. Upon directing the patient to look straight forward, the left eye immediately came into the centre of the orbit, and he was unable to turn it so far outward as he could before. Little or no inflammation ensued, and on the following day he laid aside the compress and bandage, avoiding, however, any exposure to strong light.

12th. Dr. Wigglesworth, who visited the patient with me, was of the opinion that a slight degree of divergent strabismus had now occurred in the opposite or sound eye. That the axis of each eye did not perfectly correspond was evident; but careful observation, at a subsequent visit, showed that the difficulty depended upon a slight remaining obliquity of the strabismic eye. The patient was now directed to cover the sound eye and make use of the other alone, and in three days all trace of the distortion had vanished.

18th. The patient is able to be abroad without any covering for the eyes, except the visor of a cap. The *contour* and size of the eye are entirely preserved, and both eyes perfectly correspond in *position* and *movements*. The incision of the conjunctiva being concealed by the lids in all the ordinary motions of the globe, the eye presents to the observer not the slightest appearance of having been subjected to a surgical operation of no trivial character. The patient, before unable, except for a short time, to use his eyes by candle light, now declares that he can read in the evening the smallest print without experiencing any fatigue or uneasiness in either eye. I have only to add, with respect to this case, that I have seen Mr. Foster recently, and that the favorable results of the operation remain, and no doubt will continue permanent.

CASE. II.—S. W., M.D., a gentleman distinguished no less by his brilliant professional attainments, than by his zeal and devotion in their application, applied to me with strabismus divergens of the left eye. It was induced, while a lad at school, by a habit of *imitation*, which, commenced in sport, gradually led to a confirmed squint. I ought, perhaps, to qualify the last remark, by stating that my patient could at any time, by the exercise of the will, bring the axes of both eyes parallel, but the moment his attention was diverted from this particular point, and likewise when he wished to look at a distant object, the left eye became divergent, and so remained until the effort to make it straight was renewed. The divergence of the eye when looking at distant objects, notwithstanding the opposing efforts of the patient—which were sufficient to make it straight when regarding near objects—was occasioned doubtless by a disparity in the visual focus of each eye, that of the right eye being natural, while that of the strabismic eye was very much shortened; or, in other words, the left eye was myopic. This I consider to be frequently one of the results, and not the cause, of strabismus. In all other respects the condition of the left eye is normal. The irides are of a dark color, and the eyeballs well formed.

28th. With the assistance of Dr. Hawes, of Tremont street, I divided the tendon of the rectus externus muscle of the left eye, near its insertion. The tendon was long, white and firm, and was easily freed from the surrounding cellular membrane and fascia for the distance of two lines or more.

I made the section, however, near its insertion into the sclerotica, and this I believe to be in all cases the most proper as well as the most convenient place.

29th. Both eyes are parallel, and the eye operated upon is free from any inflammation or uneasiness. The patient is able to be abroad, and from this time attended as usual to his professional avocations, the eye being protected merely by the visor of a cap.

In the course of two or three weeks subsequent to the operation a small button-like granulation formed in the cicatrix of the divided membranes, which being excised with curved scissors, no farther difficulty ensued. At the date of this communication, no obliquity is apparent in either eye, and the myopia is so far overcome that the focal distance is nearly the same in both. In conclusion, I may be allowed to remark that my patient bore the operation with a degree of fortitude and resolution truly admirable.

CASE III.—Miss C. T., æt. 20, has divergent strabismus of the left eye, caused, as her family suppose, by an attack of the hooping cough when about two years of age. The strabismic eye is very much turned towards the external canthus, and the obliquity gives an unpleasant expression to a countenance otherwise agreeable; besides which, the eye is so extremely myopic, that in attempting to read common print with it, it is necessary to bring the book nearly into contact with the face. By a great effort on the part of the patient, the squinting eye can be directed so as to correspond with the sound one, but it can be retained in this position for a few seconds only, and the exertion is followed always by a sense of fatigue and uneasiness. Miss T. has at times experienced much inconvenience from seeing, at the same moment, more than one object, when she desired to direct her attention to one only; in this case she was obliged to close the strabismic eye and use the other alone. The irides in this patient are of a blue color, and the state of the pupil, and motions of the squinting eye singly, are normal.

March 26th. Assisted by Drs. J. Mason Warren, Leach, Wigglesworth and George Hayward, Jr., I divided, in the usual manner, with scissors curved on the edge, the external straight muscle, previously raised from the sclerotic with a blunt hook. The operation was somewhat retarded by what appeared to be an unusual amount of investing cellular tissue, and also by the extreme paleness of the muscular fibres, which could with difficulty be distinguished from the former. The tendon was flat, wide, and with fleshy fibres running apparently to its insertion. The hemorrhage did not exceed a few drops in amount. The sound eye being unclosed, both eyes assumed a correct position and correspondence, and the improvement in the personal appearance of the patient was immediate and truly gratifying. By an operation attended with no danger, and causing but little pain, and that momentary, an important organ, before useless, is restored to a condition to be made effective, and in an instant a deformity is removed which for a life-time has exerted a depressing moral influence upon the unfortunate patient. After the operation the patient was unable to turn the eye outward much, if any, beyond the centre of the orbit.

27th. The eye is free from pain, and the direction is perfect. May remove all bandages and wear a light shade. No farther treatment became necessary, and the patient went abroad in a few days.

May 10th. The linear cicatrix being concealed within the external canthus, not a vestige of the operation is visible in the ordinary position of the lids, and both in direction, size and contour, the left eye is perfect, and moves in unison with the right in every way.

July 26th. Both eyes remain the same as at last date. The power of vision in the eye operated upon has so much improved that the patient can read common print at the distance of about eight inches.

CASE IV.—Miss M. R., Milton place, 24 years of age, has had divergent strabismus of left eye from infancy, of which the cause cannot be ascertained with certainty. The irides are blue; the state of the pupil and the movements of the strabismic eye singly, are normal; the vision of this eye is rather imperfect, and there ensues a weakness, with a feeling of fatigue, even after a moderate application of the eyes upon small objects, particularly by candle light. Her general health is good.

May 5th. Drs. H. B. C. Greene, Inches, Whitney, and George H. Snelling, Esq., being present, the tendon of the external straight muscle of the left eye was divided. I used for the section, in this instance, a pair of straight scissors, having one point blunt or probe-pointed. The right or sound eye being directed forward, both became parallel, but the patient was still able to turn the eye operated upon outward a little beyond the centre of the orbit. The tendon had been entirely divided, and the sclerotic coat was plainly visible, denuded of cellular membrane to a considerable extent each way beyond the superior and inferior margin of the muscle. Compresses wet constantly with iced water and a light bandage were applied. Eight hours after operation, patient reports that she has suffered much pain in the eyeball and through the left side of the head, but that it is now subsiding. Having taken a cathartic draught in the morning, she was now directed an opiate, and I found her the following day (6th) free from pain, and with the eye quite straight. Rather more inflammation than usual, with considerable redness and irritability of the conjunctiva in the vicinity of the incision, occurred in this case, and continued for the space of several days. This was attributable in part to the extremely hot weather then prevailing.

May 17th. The position of the eye appears to be perfectly correct, and the redness has mostly disappeared.

Aug. The eye is reported to be well in all respects.

[To be concluded next week.]

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY S. D. TOWNSEND, M.D., SURGEON.

[Communicated for the Boston Medical and Surgical Journal.]

AN engineer on the Worcester Rail-road, aged 28 years, was brought to the Hospital, Aug. 3d, in consequence of receiving the following injury. While on the locomotive, conducting a train of cars, at 6, P. M., the day

before, the engine struck the wheel of a cart which was passing over the track, and was thrown off the rails. He was standing at the brake handle, and was thrown against it with such violence, that it passed through the thigh just below the groin, separating the muscles and great vessels from the femur, and appearing through the integuments on the inner and back part. There was extensive laceration of the muscles and integuments, beginning in front at a line extending from the anterior spinous process of the ileum to the pubis, and proceeding down obliquely to the patella. Not much blood was lost at the time of the accident, although the large bloodvessels were laid bare. His general health has been remarkably good, using no ardent spirits and very little animal food. His wound was dressed with adhesive plaster, which on his admission was partly removed, and compresses wet with an aqueous solution of opium applied.

5th. No dejection from the cathartic ordered yesterday, until after taking *ol. ricini* \mathfrak{z} i. Afternoon more restless; much heat of skin; pulse 120. Venesection eight ounces; opiate at night. Wound begins to be offensive; skin dark and blistered. Apply lint spread with ungt. creosote to wound, and cover it with compresses wet with chlor. sodæ.

6th. Complained of nausea occasionally until evening, when it was relieved by sinapism to epigastrium. Pulse 98; sloughing of the wound progressing.

7th to 9th. Much pain along the thigh and leg at times; rigors followed by fever; mouth dry; erythematous inflammation above the margin of the slough; occasional delirium. Aqueous solution of opium applied to wound, and opiates at night. Pulse 104.

10th. A large portion of gangrenous integument removed to-day, giving exit to a deposit of pus confined at the lower part of the wound, which now appears more healthy. We find the slough on the outer side of the thigh deeper than was apprehended; the tensor vaginæ femoris is removed, sartorius and gluteus medius ruptured. Appetite somewhat improved. May have broth for dinner, with four ounces of port wine daily.

11th. Slept tolerably well, after taking Dover's powder grs. 10, twice in the night. Pulse 102. R. *Infus. cinchon.*, \mathfrak{b} i.; *tinct. do.* \mathfrak{z} i. Take one ounce four times daily. Free dejection after enema.

13th. Appetite improving. Omit *infus. cinchon.* Let him take sulph. quinine grs. ii. four times a day, with port wine eight ounces. Appearance of wound more favorable. The sloughing has extended to the crest of the ileum, and from thence down two thirds of the thigh. The following muscles are now displayed as if by a neat dissection, the cellular membrane having sloughed away:—The *gracilis*, which a retraction of the integuments has carried over to the outside of the thigh; the *sartorius* torn across, and its ruptured fibres lying transversely at the edge of the *gracilis*; part of the *abductor longus*, and the *rectus*. On the outer side, the *gluteus medius* torn across just above the *trochanter major*. The *tensor vaginæ femoris* and its fascia have nearly sloughed away, while a branch of the crural nerve, deprived of its vitality, lies in front.

15th and 16th. Suffering much from pain at the epigastrium, for which he was ordered cathartics, and enemata, with opiate fomentations,

without relief; it subsided, however, after the application of a blister and the strong ammonia.

17th. The integuments were approximated with adhesive plaster, and supported at the under side, where there is a large deposit of pus, by thick compresses.

31st. The wound is rapidly healing, and his health re-established; but the cellular membrane being entirely removed at the interstices of the muscles, and not capable of restoration, the facility of motion in these parts is lost; and as granulation advances, the different muscles will form one solid undefined mass, and their individuality be lost, while the free motion of the limb will be much impaired.

The patient, I think, owes the preservation of his life, after this formidable accident, in a great measure, to his habits of rigid temperance, and it should form a strong argument in favor of the practice, especially to those who are engaged in laborious employments, exposing them to sudden and violent accidents.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 85.]

ENTERTAINING not only a strong prejudice against calomel as a remedy in the yellow fever, but esteeming its effects to be hurtful, I have abandoned its use altogether, both as a purgative and as a sialagogue. As, however, the use of mercury with both intentions has received the support of men eminent in their profession, it may not, perhaps, be improper, in this place, to cite the several opinions in favor and in opposition to this therapeutic agent. This task will be accomplished with greater facility by having recourse to Dr. Good's *Study of Medicine*,* in which there is a compilation of the various modes of treating the yellow fever by men celebrated for talents, experience and acquisition of medical science.

"Dr. Rush was not less alert in his purgative plan, than in active, profuse and repeated venesections. Ten grains of calomel and fifteen of jalap, was the force with which he opened his remedial attack, and which he repeated every six hours, till the alvine canal was effectually evacuated. This mode of treatment, he tells us, he was led to by accident; and with it he became as successful as he had been unsuccessful under the tamer and more established method. This remedy has, however, still more lately been employed on a different ground, under a different mode of management.

"Calomel, instead of being employed as a purgative, has been enlisted as a powerful alterant and deobstruent, and persevered in to salivation, by doses of from five to five and twenty or thirty grains every third or fourth hour, according to circumstances, till this point is obtained; which, however, is not regarded as important in itself, but as showing that the system is under its influence. Dr. Chisholm seems fairly entitled to the honor of having first tried and recommended mercury with this intention." His

* Vol. II., pp. 183 to 192. Wells & Lilley. 1826.

chief reliance is placed on MERCURIAL PTYALISM, as it appears from the following:—"Let it never be forgotten that at whatever period of the disease salivation is excited, whether the supposed signs of putrefaction have appeared or not, the accession of it is the certain signal of cessation of disease, and of returning health."*

"This general plan of Dr. Chisholm has in the present day become highly, and perhaps chiefly popular, and is powerfully recommended from personal experience of its advantage by Dr. James Johnson, Dr. Burnett, Dr. Boyd, Dr. Denmark, and a long list of valuable authorities, some of whom regard it as the 'sheet-anchor.'

"There can be no doubt of mercury being highly advantageous, in a great multitude of cases, and of general benefit in various forms of this destructive epidemy. There is no medicine which, *primâ facie*, affords a better prospect of relief than mercury, from its general action on the excrent system, as well as its specific action on the intestinal canal, and the salivary glands. It must, however, be admitted that it is only under a particular condition and tone of the vascular frame, that it can at any time be employed with good effect; and hence not only is a sound judgment constantly demanded in its application, which indeed is a requisite that ought ever to be present, but much important time is often lost in preparing the system for its remedial introduction. It is TRULY said, indeed, by the advocates for mercury, that such other remedies are all valuable adjuvants; and this is so far from being denied by those who are hostile to the use of mercury, that they affirm, on the contrary, that the benefit ascribed to this medicine, when it has obtained a sway over the system, OUGHT RATHER TO BE ATTRIBUTED TO THESE ADJUVANTS THEMSELVES; WHICH WOULD HAVE PROVED STILL MORE BENEFICIAL HAD THEY BEEN LEFT TO THEIR OWN POWER AND INTENTION ALONE. Mr. Gibson, who is a strenuous advocate for the use of mercury upon the principle now adverted to, very candidly admits both these causes of impediment." "It would seem," he says, alluding to the debilitating province of Guzzaret, "that DEBILITY AND THE PLETHORIC SYSTEM ARE EQUALLY INIMICAL TO THE SPECIFIC MERCURIAL ACTION. If the patient is fortunately invigorated sufficiently to give the mercury influence, and BEFORE ANY ORGAN OF LIFE IS INJURED, by the strictest nursing and attention afterwards the recovery is almost certain, all morbid action yielding from the moment ptyalism is brought on."†

"Even in cases, however, in which the mercurial action is fortunately excited, the same intelligent writer tells us that he has frequently met with a very serious evil resulting from the mercury itself; for such, says he, is at times the profusion of ptyalism when once induced, that the most disagreeable consequences succeed, and the convalescence is long and precarious; on which account he laments that we have no criterion to determine how far we may proceed with the mercurial process, and when we ought to stop. Dr. Bancroft advances much farther than this, and asserts that not only salivation retarded the convalescence, and produced very troublesome affections of the tongue, mouth and throat, with

* On the Climate and Diseases of Tropical Countries, p. 215.
Edinburgh Medical and Surgical Journal, Vol. XI.

other ill consequences, but that the salivators, even when they have been free from this evil, have not been more successful than other practitioners; and he particularly alludes to the admission of Dr. Rush, who was not unfriendly to the mercurial mode of treatment, that ‘in the City Hospital (of Philadelphia), when bleeding was sparingly used, and the physicians depended chiefly upon salivation, more than one half died of all the patients who were admitted.*

“For like reasons Dr. Jackson speaks with as little satisfaction of the same practice, not only upon his own experience but even upon that of Dr. Chisholm himself. Alluding to the high recommendation of mercury by the latter, he observes, “the detail of his testimonies does not warrant a conclusion so favorable; for the proportion of mortality in the detachment of Royal Artillery upon whom this practice is supposed to have been first tried, has perhaps scarcely ever been exceeded in a tropical climate. Further, it is a common observation that where salivation actually takes place in continued fevers, it seldom-shows itself till the violence of the symptoms has evidently abated; hence a suggestion arises that the appearance of salivation is only an indication of the departure of the disease:—no proof exists that the operation of the mercury is the cause of the departure. Such are the remarks which occurred in reviewing different modes of treatment in the hospitals of St. Domingo; to which it will not be superfluous to add an experiment made at the Mole in August, 1796, by Mr. Lind, surgeon to Jamaica. Out of fifteen cases of fever put under the care of Mr. Lind, on *the first day* of the disease, and treated with the utmost attention, five died; in three of whom salivation actually took place; five recovered, in whom no salivation took place; in the other five, who also recovered, salivation was evidently established, but, as is usual, not till the violence of the symptoms had begun to abate. Out of four who were under his care on *the second day* of the disease, no one died; but one only was affected by the mercury; one brought to the Hospital on *the third day* of the illness, died; mercury was employed, but no salivation took place; one, on *the fourth*, likewise died, without marks of salivation; one on *the fifth*—the salivation was established, but the disease proved fatal. In none of the above cases were less than ten drachms, and in most cases not less than two ounces of strong mercurial ointment rubbed into the legs and thighs, with the employment of all other means which seemed calculated to promote the expected effect.”†

“The question, therefore, to say the least of it, is still open; and, admitting all that can be said in favor of employing mercury as a sialagogue, the evils which flow from the uncertainty of its action, both in respect to time and degree, and its frequent inroads upon the constitution, even when it has been of use, are serious and important.”

Having relinquished the use of calomel as a purgative, as a substitute I have given the preference to the infusion of senna and balm, as mentioned above. This selection is made from the persuasion, the remedy has the tendency to assuage the hepatic irritation, on which the malignity of the fe-

* Essay on the Disease called Yellow Fever, &c. 8vo. 1811.

† History and Cure of Fever, Part I., ch. xi., pp. 293, 294.

ver, in a great measure, depends; and being a liquid, it might also act as a diluent of the acrid contents of the stomach and intestines, and serve as a soothing lotion to the irritated mucous membrane of these organs. When the emetic was not accompanied with dejections, the patient was directed, immediately after he had ceased vomiting, to take an ounce of castor oil, and begin with drinking the infusion of senna and balm; if in the course of an hour there were no evacuation from the bowels, an enema was administered. This series of purgative remedies was required only in one instance. In one case the fever was treated with purgative doses of the solution of Rochelle salts (*soda et potassæ tartrass*) alone.

In 1801, at the corner of Purchase and Summer streets, there was situated a house called the coffin, from its shape, or because all the inmates died with the yellow fever. There was no death in the city except in the house just alluded to. In passing, I was desired by one of the sextons who were employed in disinfecting the house, to go in and see the only remaining patient, that lay at the point of death. (I understood she died in half an hour after I saw her.) I was ushered into a small bed-room, in which was a matronly-looking woman lying on the outside of the bed, clad in a silk dress, unattended by a nurse, neglected by her friends, and deserted by her relatives. Having retained her faculties, at my request she gave me the history of her sickness, which detained me about twenty minutes. In a short time after, I gradually became costive, the abdomen enlarged and tense, and a preternatural sensation of heat was diffused throughout the convolutions of the intestines. As soon as these symptoms had somewhat advanced, I commenced taking grain pills of calomel, as frequently as my feelings or fancy dictated, until a thorough operation was produced, which was followed by such a sudden and extreme prostration of strength as I never before or since experienced. That these phenomena were premonitory of the yellow fever, I have no corroborative testimony.

WILLIAM INGALLS.

DR. CHADBOURNE'S EXPLANATION OF DR. BROWN'S NOTE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I ought to have known that “communications of a personal or invective character do not come within the design of the Journal,” and therefore cannot complain of the rejection of my reply to Dr. Brown's note. Yet being now publicly accused of moral delinquency, you surely will not deny (in justice to the lady, if not to myself) sufficient space for a word of explanation. Dr. Brown says that he knows nothing about me, only that *I once put a young lady, a relative, under his care, for which I have not paid him.* The words in Italics are literally true, and yet convey, by implication, as palpable an untruth as Dr. B. could possibly have promulgated. All the explanation I ask to make is simply this. Having formerly placed a young lady under Dr. Brown's care, who was subjected to great expense without deriving any essential benefit, and having distributed, by Dr. B.'s request, a large package of his circu-

lars in N. H., I felt at liberty to call occasionally at his Infirmary ; and seeing with what care all his operations, the application of his instruments, and all the minutiae of his practice, were concealed from the eye of his brethren, excepting "the consulting surgeons and physicians of the Orthopedic Infirmary of the city of Boston," I confess my confidence began to diminish, and I very frankly told him I thought of consulting the physicians of the Massachusetts General Hospital in regard to this last patient's case, before deciding where to leave her. Dr. B. then immediately offered to charge nothing for his services if I would place the patient under his care, to which I acceded, although I had no pecuniary interest whatever in the case. I impute no sinister motive to Dr. B. for this apparent liberality ; yet justice requires me to add that he realized a very considerable fee from the patient herself for instruments ; and in this, as in the other case, the only good done, or benefit conferred, was through the fee received by the doctor, he being the only party essentially benefited ; the patients remain yet *in statu quo*. If Dr. B. asks for proof of any of these facts, I will refer him to one of his professional brethren in Boston, to whom he is probably sensible of being under no inconsiderable obligation.

Thus stands the account of my indebtedness to Dr. Brown and the Orthopedic Infirmary, so exultingly proclaimed in the last Journal ; and if the doctor chooses to rest the defence of the merits of his practice on so frivolous a subterfuge, he is welcome to all its benefit.

Concord, N. H., Aug. 31, 1841.

THOS. CHADBOURNE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I transmit to you the following case for publication in your Journal. The novelty and rare occurrence of such cases, may render it interesting to your readers ; and it is hoped that you or some of your experienced correspondents may throw some light upon the peculiar condition of the system that gave rise to the singular and uncommon pathological phenomena. Respectfully your obt. servt., WM. STOCKBRIDGE, M.D.

West Feliciana Parish, La., June, 1841.

OBSTRUCTION OF THE MENSES.

CASE.—Amy, a servant girl, belonging to H. D. Kellogg, Esq., had been laboring under an obstruction of the menses seven years. At the age of thirteen, previous to which time she had been healthy, she experienced the symptoms that usually attend the establishment of the menstrual discharge, but not followed with any flow from the uterus. These symptoms returned regularly every month, with increased local and general derangement. At each period, these symptoms abated by a sanious discharge, sometimes by emesis, at other times by catharsis ; and ceased entirely by eruptions upon the surface of the body and a discharge of purulent matter, leaving her in a condition that unfitted her for the duties of the plantation. She had been married several years—no children, and perfectly indifferent to acts of conjugal intercourse. Commenced a

course of treatment in June, 1838, as follows: R. Comp. tr. guiac., ʒ ii. ; tr. cantharides, spts. ammonia aromat. āā ʒ i. Dose, a teaspoonful three times a day. The bowels were acted upon by a cathartic every four or five days, and stimulating injections given per vaginam. After pursuing this course of treatment six weeks, the catamenia were secreted and discharged naturally; the eruptions upon the body, the sanious discharges from the stomach and bowels, with their painful attending symptoms, ceased entirely, and her general health became restored. She resumed her duties upon the plantation, entered into the enjoyment of sexual intercourse, and in process of time presented her master with an increase of family. Since this time she has been healthy and fruitful.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 15, 1841.

SKELETON OF THE GREAT MISSOURIUM.

To Dr. Jarvis, of Louisville, Ky., we are indebted for a pamphlet of twenty pages, by Albert Koch, descriptive of the osteology of what the author claims to be a gigantic, non-descript, antediluvian monster, which he calls the *Missouriium*, or *Missouri Leviathan*, now on exhibition at the West. Mr. Koch's history of the discovery, and of the Indian traditions which pointed to that spot in the State of Missouri where he found these magnificent remains of an animal that transcends the wildest imaginings of naturalists, and absolutely throws into disorder that beautiful system of vital architecture which philosophers conceived existed and characterized every geological epoch of our globe, cannot be read without feelings of wonder and astonishment. Mr. Koch is an ingenious man—for no common-place denizen could have produced such a specimen of marvellous narrative. The skeleton thus said to be disinterred, after being concealed in the earth for a countless series of ages, through the persevering exertions of Mr. K. was brought to light in the spring of 1840. From that time till within a few months he says he has been engaged in putting bone to its fellow bone for exhibition. When completed, he must have been astonished at the result of his labors—for the skeleton measures 32 feet in length, 15 feet in height, and the head is six feet long. From one zygomatic arch to the other, is 4 feet. Its tusks are 10 feet in length, exclusive of 1 foot 3 inches, which forms the root, and is therefore out of sight in deep sockets. These were carried horizontally, like the feelers of an insect, and were 21 feet apart at their points. This is but an outline of the vivid description by Mr. Koch.

A more magnificent imposition than this probably never entered the mind of an adventurer. A carefully written article in the last No. of the *Western Journal of Medicine and Surgery*, exposes the whole trick, and proves, by the most rigid, unerring rules of osteological science, that this monster skeleton is nothing more nor less than a monstrous cheat—made of two mastodon skeletons, united into one. The exposé of the fraud says that “Mr. Koch has strung, on an iron wire, not less than 41 (vertebræ)

drawn from different animals, and placed them at such distances from each other, that their oblique processes do not touch, filling up the intervals with single and double blocks of wood, about two inches thick. In this way he added about ten feet to the length of the spine, &c." The reputed clavicles are two ribs. The feet never belonged to an aquatic animal, but are recognized, by every accurate anatomist, as those of a mastodon, abominably distorted to appear to be what they are not. This exposure should be made known far and wide, that Mr. Koch and his associates may be prevented from gulling out of the uninformed, sight-seeing public, that splendid fortune which they unquestionably entertain the hope of accumulating.

Washington College, Baltimore.—The medical department of this University is well organized, with a highly respectable faculty. There is enterprise and a laudable ambition there, the elements of usefulness and greatness. The lectures begin the last Monday in October, and continue four months. All the tickets, called a full course, cost but \$90—cheap enough in all reason, considering the expense of conducting an institution in a large city. A magnificent collection of dried medicinal plants, comprising eleven hundred species, arranged by R. E. Griffith, M.D., formerly of the University of Virginia, now belongs to the department of materia medica. This will be the fifteenth session of this school of medicine—an evidence of its character and prosperity.—There is a rival, or rather another school, in the same city, the particulars of which will be given at a future day.

New York Orthopedic Institution.—Orthopedic institutions are multiplying—and, what is better, great good results from them. Drs. Dorr, Brewster and Van Pelt are associated in the management of the one named above. They have our kind wishes for their success. Dr. Mott also has an orthopedic institution in New York. Whether the city can furnish a sufficient supply of cripples to keep them both in active operation, remains to be ascertained. A few years ago there was pretty much the same zeal for opening eye and ear infirmaries at the West, that is now manifested for orthopedic surgery. There being both tenotomists and anti-tenotomists in the field, there is no predicting who will be conquerors.

Board of Health, New Orleans, Aug. 25th, 1841.

The Board of Health regret to have to announce to their fellow citizens, that from the monopolizing character and extension the acclimating fever has assumed, it must now be considered an epidemic disease. Though mostly confined to the laboring classes and the intemperate, the chief mortality has been produced by the tardiness in calling for aid during the period in which alone it can be effectual. It has been found highly manageable when taken in the early stages, but fatal as it progresses without adequate assistance. For this there is no excuse. No city in the world is more blessed with those benign philanthropic associations and charitable institutions than New Orleans, from whose numerous officers and directors, scattered all over the city, relief can be obtained within *any* hour.

But the Board will not confine itself merely to announce the *existence* of danger; a word of advice to the unacclimated, to avoid or resist its influence, would seem to be called for by every dictate of duty and humanity.

Everything that throws the system off its balance, either as to quantity or quality of drink, food, or indulgence of the passions, must be considered *intemperate*, in the true acceptation of that term, impairs the integrity and unity of the vital actions, undermines the controlling power of the constitution, and brings the predisposition that every unacclimated person has during the existence of an epidemic into action, and becomes an *exciting cause* of the disease.

Be temperate in *all things*; let your food be of easy digestion and taken at regular intervals; if in the habit of using any class of stimulants, lessen their quantity—break off entirely no habit suddenly in the face of danger; it unsettles the system and is hazardous. Avoid currents of air, and particularly when exhausted by perspiration—the dews of night, and mid-day sun, and rains. Keep your skin moist by suitable clothing; give cleanliness and vigor to it by a free use of the bath and flesh brush. With these precautions, uninfluenced by fear—with equanimity of mind, and a firm reliance on Divine Providence—the risk is small; the chief danger is already overcome.

But if, notwithstanding these precautions, complied with or not, a chill or fever should occur, pains in the head, back or limbs, immediately go to bed, put your feet in a hot mustard bath, drink warm tea, and send for those whose business it is to cure disease. You have gone far enough—risk no farther: lose not an hour, and ninety-nine hundredths can be saved in average constitutions.

E. H. BARTON, M.D., President.

Medical Miscellany.—Mrs. Elizabeth Cottingham is now living in Somerset county, Maryland, who, according to the records of her family, was 110 years old in March last. She reads without spectacles, and has the full exercise of the mental powers.—Between 80 and 100 students are said to be in attendance at the Berkshire Medical College.—Dr. Bartlett has written a small work in vindication of the condition and character of the female operatives of Lowell. We have not yet had a copy.—One of the Thomsonian journals speaks of the powerful diuretic properties of white-pine bark—that next the wood to be used in dropsies.—What has become of all the surgical instrument makers of the city? Country practitioners cannot find them as formerly, when they wish their instruments repaired. The worst of it is, they almost invariably leave behind them their bills unsettled.—The demonstrator of anatomy at Pittsfield, Dr. Chaffee, is spoken of in high terms. He is officiating in place of Dr. McClintock, the professor, now at Castleton.—Dr. E. H. Barton, of New Orleans, has received the honorary degree of A.M. from Dickinson College, Carlisle, Penn.—The general health at Havana is improving—although the sickness in the shipping, at the last dates, was severe. Yellow fever is still on the increase at New Orleans. The rumor that it had appeared at Charleston, S. C., is said to be wholly unfounded.—Mr. Floyd, an English surgeon, who accompanied the expedition up the Euphrates, has written home a vivid account of his trip, 1100 miles, in a steamboat, up that celebrated river. He visited the site of the ancient Nineveh, Babylon, &c.—At St. Thomas, County of Berthier, Canada, on Friday, the 20th ult., Mrs. Pierre Augé was delivered of a son. On Sunday following, 22d, the same of a son and daughter; mother and children all doing well.—Among the works lately published in London, we notice “Three Memoirs on the Development and Structure of the Teeth and Epithelium, &c., read at the meeting of the British Association, by A. Nasmyth, F.L.S., F.G.S., &c.”

ERRATA.—In Dr. Paine's communication, at page 78, line 44, for complete read *complex*; page 79, line 17, for Platonic read *Plutonic*; line 25, for constituted read *constitutes*; page 83, line 4, for miracles read *miracle*.

Number of deaths in Boston for the week ending Sept. 4th, 45.—Males, 27; Females, 18.—Stillborn, 3.

Of consumption, 2—disease of the bowels, 1—marasmus, 1—diarrhœa, 4—dysentery, 2—inflammation of the bowels, 4—infantile, 3—flis, 2—croup, 2—disease of the brain, 1—scarlet fever, 2—insane, 1—typhus fever, 1—dropsy, 1—cholera infantum, 2—delirium tremens, 1—bowel complaint, 2—bilious fever, 1—dropsy on the brain, 2—worms, 1—dropsy in the head, 1—convulsions, 1—canker, 2—inflammation of the lungs, 1—dropsy of the bowels, 1—intemperance, 2—unknown, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Aug.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm. F.	Therm. P.M.	Therm. S.	Barom. F.	Barom. P.M.	Barom. S.			
1 Sun.	56	70	63	29.36	29.40	29.50	N	Fair	
2 Mon.	54	82	66	29.55	29.65	29.66	S W	Fair	
3 Tues.	60	85	63	29.69	29.69	29.68	S	Fair	
4 Wed.	65	85	75	29.60	29.54	29.50	S	Cloudy	
5 Thur.	69	80	78	29.47	29.44	29.40	S W	Cloudy	
6 Frid.	66	80	71	29.40	29.41	29.42	N E	Fair	Aurora borealis.
7 Satur.	57	81	79	29.43	29.47	29.47	S W	Fair	Heavy fog in the morning.
8 Sun.	58	81	75	29.49	29.55	29.55	S W	Fair	Foggy morning.
9 Mon.	67	71	69	29.52	29.49	29.45	S	Cloudy	.37 inch of rain.
10 Tues.	67	80	75	29.53	29.59	29.56	S	Fair	
11 Wed.	72	67	66	29.50	29.50	29.52	N E	Rain	1.05 inch of rain.
12 Thur.	64	75	72	29.50	29.52	29.50	S W	Fair	.04 inch of rain. Dense fog.
13 Frid.	64	76	72	29.47	29.48	29.45	S W	Fair	
14 Satur.	62	72	70	29.50	29.60	29.62	N E	Fair	
15 Sun.	62	73	70	29.71	29.79	29.80	N W	Fair	
16 Mon.	52	77	72	29.78	29.74	29.68	S W	Fair	
17 Tues.	59	84	80	29.61	29.58	29.56	S W	Fair	
18 Wed.	62	82	72	29.52	29.50	29.50	S W	Fair	
19 Thur.	64	84	73	29.46	29.48	29.47	S W	Fair	
20 Frid.	66	81	73	29.49	29.53	29.52	N W	Fair	Showery. .01 inch of rain.
21 Satur.	65	86	80	29.51	29.50	29.47	S W	Fair	Foggy morning.
22 Sun.	71	71	72	29.40	29.41	29.45	N	Cloudy	
23 Mon.	62	76	72	29.51	29.57	29.62	N	Fair	Very dry.
24 Tues.	50	74	70	29.68	29.75	29.75	N	Fair	Fog in the low grounds.
25 Wed.	5	78	66	29.74	29.70	29.66	S	Fair	do. do.
26 Thur.	55	78	66	29.60	29.56	29.53	S	Fair	Dry and dusty.
27 Frid.	58	78	64	29.53	29.53	29.52	S	Rain	.23 inch of rain.
28 Satur.	64	69	68	29.55	29.55	29.62	N E	Rain	Fog in the morning. .09 inch of rain.
29 Sun.	65	76	63	29.65	29.69	29.70	N E	Rain	.16 inch of rain.
30 Mon.	66	68	66	29.63	29.53	29.48	N E	Rain	.61 inch of rain.
31 Tues.	64	72	65	29.40	29.39	29.35	N E	Fair	.11 inch of rain.

This month has been dry and fair. The crops have suffered considerably for want of rain. Quantity of rain, 2.77 inches. Barometer has ranged from 29.35 to 29.80; thermometer, from 50 to 86.

BOSTON MEDICAL SCHOOL.

THE subscribers continue to receive students in medicine, and to afford them every advantage in the pursuit of their profession. The following course will be pursued during the ensuing medical year.

For those gentlemen who intend presenting themselves for degrees after the next series of lectures at the Medical College of Harvard University, special and minute examinations will be held upon the numerous branches of medicine and surgery.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, as well as at the Infirmary, practical lessons in auscultation will be afforded.

Occasional opportunities will be had for private practice in midwifery, surgery, &c.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, in which branch the students will be assisted by one of the instructors.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, is held weekly under the superintendence of one of the instructors.

A regular course of instruction will be given as follows.

On Descriptive and Practical Anatomy and Surgery, by	- - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - -	DR. PERRY.
Diseases of the Chest, and Midwifery, by	- - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - -	DR. WILEY.

Rooms for study, fuel, and light, free of expense.

For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

M. S. PERRY, M.D., 412 Washington st.

C. H. STEDMAN, M.D., 7 Hanover st.

H. I. BOWDITCH, M.D., 8 Otis place.

H. G. WILEY, M.D., 467 Washington st.

Boston, Sept. 6, 1841.

S 15—epim—copif

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

		Fees.
Anatomy and Operative Surgery, by	- - - DR. WARREN,	\$15,00
Milwetry and Med. Jurisprudence, by	- - - DR. CHANNING,	10,00
Materia Medica, by	- - - DR. BIGELOW,	10,00
Principles of Surgery and Clinical Surgery, by	- - - DR. HAYWARD,	10,00
Chemistry, by	- - - DR. WEBSTER,	15,00
Theory and Practice of Physic and Clinical Medicine, by	- - - DRs. WARE and BIGELOW,	15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1841.

S 1—eptN

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

THE annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.

GRANVILLE SHARP PATTERSON, M.D., Professor of Anatomy.

JOHN REVERE, M.D., Professor of Theory and Practice of Medicine.

MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2,50 to \$3,00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a SURGICAL CLINIQUE has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Secretary to the Faculty.

Jy 28—eoptN1

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841—42.

THE regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been *recently* added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., Dean of the Faculty.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841—2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	- - - BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	- - - ELLIOTT, M.D.
Materia Medica and Therapeutics, by	- - - WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - - JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

CHARLES HOOKER, Sec'y.

Yale College, New Haven, July 6, 1841.

Jy 14—tsep23

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover.

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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 22, 1841.

No. 7.

OPERATIONS FOR CLUB-FOOT AND CURVATURE OF THE SPINE.

[Communicated for the Boston Medical and Surgical Journal.]

DECEMBER 9, 1840, Miss A. E., ætat. 25, daughter of a distinguished clergyman, now deceased, placed herself under my care. She has varus congenitus of the left foot, of the third degree. The temperature of the limb is lower, and the foot smaller than the other. The leg is also smaller, and an inch and a half shorter than its fellow. The tarsal bones are loose and easily moved on each other. She is constitutionally slender and delicate, and has not enjoyed good health from infancy. The spine is badly curved, in consequence of her irregular manner of walking; and the sternum hollowed in posteriorly, so as to impede the free action of the lungs and heart. She has frequent palpitations, and labors for breath, particularly on going up an ascent, or making a hurried effort of any kind.

16th. Divided the tendo-Achillis, and the tibialis anticus, in the presence of Dr. J. Mason Warren, and applied my apparatus, as usual, on the same day.

17th. Has had no pain, and rested well.

26th. Removed the dressings for the second time. Found the puncture made in dividing the tendo-Achillis, somewhat inflamed, and had a festering appearance. The ankle was slightly swollen. Applied empl. plumbi, and bandaged the leg.

27th. Found the appearance of the puncture much as yesterday. The orifice was open, and not healed as usual by the first intention. In doing this operation, I made use of a knife, in breadth not more than the twelfth of an inch, but the integuments were more divided than usual when I use the tenotome. Probably some air was admitted.

29th. On removing the dressings, found the orifice not healed, and discharging a thin, ichorous matter. The skin was inflamed around it, and the integuments adhered to the tendon. Applied court plaster, bathed the limb with camphorated spirit, and bandaged the foot and leg. At night applied a poultice made of sol. ant. plumbi and bread.

31st. Appears much better. Inflammation has subsided, and the parts look more healthy.

Jan. 5th, 1841. There is some œdematous swelling of the ankle, but the orifice has closed. Continued bandages and spirituous solution.

20th. Put on a boot. She is to wear this during the day, and apply the apparatus at night.

May 23d. It is now nearly five months since Miss A. E.'s foot was

operated upon. She has walked very well, and occasionally in the streets, for the last two months ; and for a longer time about the house. The foot is nearly normal, and she begins to think about taking measures for correcting the curvatures in the spine.

On minute examination, I find she has four lateral curves. The upper one extends quite up to the os occipitis. She inclines her head to the right, and is in the habit of resting it on the right fore-arm and hand ; the elbow being supported on a table, chair, or any convenient article that may be near her. The greatest curvature is situated about the middle of the dorsal vertebræ, with its convexity towards the right side. The deviation here is two inches from the mesial line. The right shoulder is elevated. The right scapula projects, and there is very considerable excursion of the ribs on this side. I asked her if she was willing I should cut her back. She unhesitatingly said yes. Dr. J. C. Warren, my friend and brother-in-law, was called in consultation. He advised to an operation.

May 25th. Divided this day the longissimus dorsi, the sacro-lumbalis, and trapezius, in the presence of Dr. J. Mason Warren and Dr. J. V. C. Smith. There was very little blood lost in the two operations, and she bore them with that cheerfulness and equanimity which so strongly mark her character. While in the act of dividing the muscles, she was asked if it hurt her. She smiled, and said "a little—not much." A compress was applied and secured by a bandage.

26th. Slept little last night, owing principally to the compress, which was rather thick, and the tightness of the bandage. Removed the bandage and compress, and applied a common poultice, moistened with tinct. opii. She suffers no inconvenience from the division of the trapezius. Afternoon of this day, she is now quite comfortable ; has slept considerable ; still feels some dull pain in her back. Recommended, if it continued, 25 drops of tinct. opii at night—also sol. sulph. magnesia.

27th. Slept well. Says she has no pain, but a weary sensation in her back. Laid four hours on the extension plane this morning, without its causing the least uneasiness.

28th. Slept well. Suffers no pain or uneasy sensation in the back or neck. In fact, the division of the trapezius has occasioned no inconvenience whatever, from the first. She has moved her head with perfect freedom. There is a slight tenderness in the back on pressure upon the parts where the muscles were divided.

31st. Has had no pain since last date. Has spent most of the days on the extension plane, and a part of each night. Back much improved.

June 15th. The back continues to improve daily, but she complains that in walking her foot inclines on the outer side. On examination, I find that the foot has outgrown the shoe of the boot, and consequently the foot is cramped and twisted, which causes the weight of the body to rest too much on the outer marginal surface. I regret that I had not known this circumstance before, as it might easily have been prevented by substituting a suitable boot. She has now been walking for some weeks in this cramped condition of the foot.

18th. Think it best to re-divide the tibialis anticus, and the abductor proprius pollicis pedes, and re-apply the foot-apparatus, which I did.

July 1st. Miss A. E. wore the foot apparatus nearly a week, without attempting to walk ; after which she had a boot made adapted to the improved state of the foot, and sufficiently long, since which she has taken her usual walks, with perfect ease to herself, and with the sole of the foot resting naturally on the sole of the boot.

Sept. 6th. The foot is almost entirely restored. It is now fourteen weeks since the operation on the back. She has passed one week of the time in the country. With this exception, she has very steadily pursued a course of orthopedic means to bring the spine into a normal shape. The greatest deviation now is only one fourth of an inch from the mesial line. She has gained over an inch in height, and her health has very much improved. Notwithstanding the various operations on her foot and back, and the various mechanical means she has made use of, she has been regularly gaining flesh and strength ; and her health is in every respect much better than when she came to Boston. She is still continuing orthopedic exercises.

JOHN B. BROWN.

Boston, Sept. 13, 1841.

DR. DAVENPORT'S CASES OF STRABISMUS DIVERGENS.

[Concluded from page 93.]

CASE V.—*July 23d.* Miss Catharine St. Leger, Franklin street, was recommended to my care by Dr. John D. Fisher, on account of divergent strabismus of the right eye, of which her friends give the following report, viz.: that while a child of a few years of age, playing with other children, she received a blow upon the right eye with a pebble, which occasioned a severe and long-continued inflammation, and upon the subsidence of the ophthalmia the squinting was first observed ; and this eye has remained irritable, and subject often to attacks of inflammation, since the accident. The squint is very decided, and is a serious drawback upon the patient's good looks. The vision of the strabismic eye is so much impaired, that with it she can distinguish merely the centre bar of a window. When both eyes are open, the pupil of each corresponds both in size and degree of motion ; but the sound eye being closed, the pupil of the squinting eye instantly becomes largely dilated and fixed ; which last circumstance, taken in connection with the blindness, sufficiently indicates the presence of partial amaurosis. The irides are blue, and the movements of the right eye alone (the other being closed) are normal. General health is good. In the presence of Drs. John C. Warren, J. Mason Warren, and Eastman of Portland, I divided, with scissors and blunt hook, the external rectus muscle, by which the eye was brought into the centre of the orbit, both eyes looking forward. Being requested to turn the eye outward, the patient was able to effect this movement to more than half way between the cornea and the external canthus, and this notwithstanding the complete division of the muscle and investing fascia. When at rest, the eyes again became straight. In this operation there was con-

siderable hemorrhage, and extensive ecchymosis occurred at the time, from the escape of the blood into the loose subconjunctival cellular tissue. Apply compress with iced water, and take two ounces of the solution of the sulphate of magnesia.

24th. The hemorrhage soon ceased upon applying the iced water. Now there is no pain, and but little uneasiness about the eye; the ecchymosis has extended to the internal canthus, forming half of a circle round the cornea. The eye is in the centre of the orbit. May close the sound eye and exercise the other.

27th. The ecchymosis has in a great measure disappeared, and the patient bears the light well. With the eye operated upon she is now able to read large letters on a handbill.

Aug. 12th. The eye looks perfectly well and retains a correct position. Can now distinguish letters of less than half the size of those above mentioned.

CASE VI.—This case presents the only instance in which I have met with double divergent strabismus; and being in all respects of an unfavorable character, I advised the patient of the small chance it afforded of a successful result. With this understanding I was willing to make the attempt, hoping that the deformity, which was very great, would at least be somewhat diminished thereby.

Miss M. D., æt. 24, the patient referred to—a young lady of intelligence and resolution—was recommended to me by Dr. H. B. C. Greene. Her mother informs me that at the age of two years, she was attacked with inflammation (probably of a strumous character) in the right eye, and that three years afterwards the same occurred in the opposite eye. After the ophthalmia had subsided, opacities were observed upon the cornea of each eye. In the course of two or three years from that time, the existence of strabismus was noticed by the family. Present appearances: if the patient directs the right eye (being that upon which she depends for useful vision) upon an object immediately before her, the left eye turns outward so that the external margin of the cornea is partially concealed by the eyelids; but when her attention is not particularly fixed upon any object, both eyes diverge—the right slightly. By closing the right eye she can readily bring the left into the centre, but cannot turn it fully towards the internal canthus. Both corneæ are opaque. The opacity of the left is diffused or nebulous, and is situated directly over the pupil, while that of the right is dense and pearl colored, like albugo, and is somewhat to the right of the pupil—which circumstance may explain the evident tendency in this eye to diverge, as by so doing more light is admitted through the pupil; and this object is assisted by a habit of inclining her head a little towards the left when reading or sewing. In this way she is enabled to see well with the right eye, but the vision of the other is much impaired. The irides are of a blue color, and the pupils dilate and contract naturally. The eyeballs are well formed and rather prominent.

Assisted by Dr. Greene, Dr. Gay, and Dr. Tuck of Barnstable, I divided the external straight muscle of the left eye, according to the plan pursued by Mr. C. R. Hall, of England. An aperture or incision was made through the conjunctiva, from two to three lines from the external

margin of the cornea, and nearly on a line with the inferior margin of the rectus externus muscle; into this was introduced the probe-pointed blade of the scissors, which was pushed horizontally towards the body of the muscle, and then by depressing the handle and directing the blade upward, it was passed beneath the tendon, and by closing the blades the tendon, cellular membrane and conjunctiva were divided by one stroke. In this particular case, a curved probe was passed under the tendon before introducing the blade of the scissors, but this is an unnecessary precaution, besides which it prolongs the operation. Upon unclosing the opposite eye, the left was nearly or quite straight, and the right as before—a little divergent. For a single instant, the patient had double vision, which passed away like a flash and did not recur. This phenomenon, equally strange and unexpected, caused her much alarm, which was happily of momentary duration. The tendon, in this case, was broad and flat; it was completely divided, and the sclerotica was exposed to a considerable extent; yet upon making the experiment, it was found that the eye could be turned outward much beyond the centre of the orbit, as in Case V. At the same time the patient had regained the full power of turning the eye into the inner canthus.

31st. Looking with the right eye, the left still inclines a little outward; otherwise doing well. Likewise the patient reports that the vision of the eye operated upon has improved since the operation. She was directed to cover the right eye and make use of the left. This direction was not fully complied with, from an apprehension, on her part, that it would lead to permanent injury of the other eye.

With regard to the final result of this case, sufficient time has not elapsed to enable me to speak with certainty. There is an evident improvement, which may be permanent or may not, and the case may be subjected to another operation.

A short time since I was consulted by the father of a boy, about five years of age, who had been subject since infancy to divergent strabismus of the right eye. Upon examination, I found that both eyes were extremely myopic (the focal distance in reading common print, being less than four inches), and were affected with constant oscillation, similar to what occurs in connection with congenital cataract and other congenital diseases of the eye that impair the power of vision. There was no apparent disparity in the vision of the two eyes, and in reading both corresponded in direction; but the moment his attention was directed to any distant object, the right eye diverged widely from the centre. The child's mother (now deceased) had divergent strabismus of one eye. Division of the muscle being deemed premature, I advised Mr. F. to let the boy wear, except when engaged in reading or in school, a pair of concave glasses accurately adapted to *each* eye, and having the right outer half of the right glass ground or otherwise rendered obscure, so that the pupil might be directed forward towards the transparent portion. For this suggestion, as well as for much valuable assistance in ophthalmic operations, I am indebted to Dr. H. B. Inches.

Dissection of the Eye, after the Operation for the Cure of Strabis-

mus.—This notice is taken from the London Medical Gazette, and if it has not already appeared in the Journal, I will thank you to publish it.

“George Clark, æt. 30, had an operation in St. George’s Hospital for strabismus divergens on 1st December, and died from pulmonary disease on 1st January. The eye and its appendages were removed and carefully dissected. It was found that the external rectus was completely divided, just at the part where it was beginning to be tendinous; that the muscle itself had retracted to the distance of about three fourths of an inch from its natural attachment, but that it still remained attached to the globe by a strong band of cellular tissue. This band was about three lines in width, and six in length, and was attached to the ball of the eye about two lines behind the original insertion of the muscle; and such was its strength, that it admitted of being pretty forcibly pulled upon without giving way. There can be no doubt that this band consisted of the loose cellular membrane, which naturally connects the muscle with the globe, stretched into this elongated form, and afterwards condensed by inflammation.

“*Query.*—What part does the investing fascia of the straight muscles take in the re-union of the divided muscle with the globe?”

Case of Intermittent Strabismus.—While upon the subject of strabismus, I beg leave to present to the readers of the Journal, a brief sketch of a well-marked case of the periodical or intermittent form of that disease, which I was allowed to examine by the kindness of Dr. John Flint, who attends the family. The details were furnished me by the mother of the child, a lady of intelligence and observation.

H. C. W., between three and four years of age, an active but delicate child, with eyes of a dark-hazel color, and of a remarkable clearness and brilliancy. When about 18 months old, her mother noticed, for the first time, that strabismus convergens of each eye occurred spontaneously for the period of three successive days, and always towards the latter part of the day, and having on each day continued for the space of a few moments only, the obliquity entirely disappeared. Three or four weeks subsequently, upon waking from sleep, both eyes were again inverted, and this attack or paroxysm continued until bed-time. The following day both eyes were straight, but on the next or third day, both turned about noon, and so remained until she retired for the night. After a second interval of three or four weeks, she again had a recurrence of the squint upon waking in the morning; but after a sleep at noon, the eyes were straight. In the course of a week or ten days, her eyes were observed to be turned for several days in succession, the squint commencing about mid-day and lasting till night—being straight upon rising each morning. On one afternoon, while slightly indisposed, Mrs. W. observed that the child’s eyes were alternately crossed, and then became straight, several times during the space of a few minutes; or, in other words, there occurred a quick succession of spasmodic contractions of the straight muscles of the eyes. Shortly afterwards the squint became confirmed in the left eye, the right ceasing to be subject to it, and the paroxysms recurred regularly on alternate days. It would be more exact to say that after lasting throughout one entire day, the following morning there oc-

curred an intermission, which varied in duration from several hours to a whole day, to be succeeded on the next by the regular quotidian paroxysm, if I may be allowed the use of the term. With a few exceptions to be noticed presently, this has been the course of the complaint for more than twelve months. First, at about 2 years of age she was attacked suddenly with convulsions, after which both eyes were straight during that and the succeeding day. The same thing took place six months afterwards, when she had a second attack of convulsions. These two, I may observe, are the only attacks of convulsions she has had, on which point I was particular in my inquiries, from the belief that such are not infrequently the cause of strabismus. Second, in November last, making a visit into the country, she travelled several miles upon a rail-road, and complained that the motion of the cars produced a sensation of dizziness, with some nausea. Soon after arriving at their place of destination, she was somewhat indisposed, and the left eye became inverted, and continued so for about five days without any intermission. Her return to Boston, by the same mode of conveyance, occasioned the same unpleasant feelings, and produced the same effect on the eye.

With regard to the health of this patient, her mother states that she has never been seriously ill, with the exception of the attacks of convulsions above mentioned, nor did she suffer much from dentition, to which cause the convulsions did not seem referable. Now the child appears to be in perfect health, and her power of vision is nowise impaired.

Boston, No. 11 Winter street, Aug. 14th, 1841.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 98.]

VENESECTON.—In 1798, influenced by the high authority of Dr. Rush, bloodletting was carried to a great height. From the expectation, that by the combined force of this mode of depletion, together with the purgative properties and specific action of calomel, this formidable enemy might be overcome, recourse was had to copious detractions of the vital fluid. As to the quantity, we were scarcely guided by admeasurement; we permitted the blood to flow until we imagined the symptoms were in some degree ameliorated. In by far the greater number of cases, profuse bleedings were productive of exhaustion to such an extent that the possibility of recovery was greatly diminished. There indeed may arise certain conditions in which a well-timed and judicious use of the lancet may be attended with benefit; but the cause of the fever cannot be extinguished by abstractions of blood, however copious. In contagious, or self-limited diseases, the sole object of depletion is to remove irritation, from whatever source it may spring. If the "cause" of the yellow fever, therefore, depend upon a peculiar kind of inflammation which may be increased by *excessive* vascular action, all the advantage to be derived from venesection is the emission of as much blood as is sufficient to take off the *excess*; a few ounces more than enough to produce this effect depress the strength to such a degree as to retard recovery, and sometimes induce fatal debility.

Hence it requires great acumen and tact to *hit* upon the proper time for venesection, and the proper quantity of blood to be drawn.—The word *hit* is employed, because, on account of the circulatory organs being thrown into great commotion by the cause of the fever, the pulse affords no criterion by which we can ascertain the true state of the disease. From the anatomico-pathological researches by minds of superior sagacity and experience, no appreciable inflammation (to subdue which, of all the remedies made use of, especially in the yellow fever, copious venesections are considered by some the “*SINE QUA NON*”) is found in either of the viscera of the three cavities. It is otherwise in pneumonia, in which, when the pulse is full, hard and frequent, the taking of blood in sufficient quantity to lower vascular action and give freedom to respiration may not be injurious; but when, though full and frequent, it be easily compressible, this mode of depletion must be resorted to on no consideration; the compressibility of the pulse being the result of nervous irritation and not of inflammation.

In E. Shattuck's case, it may be inferred spontaneous hemorrhage having had a great agency in causing the recession, and determining the first stage of the fever, it affords a strong presumption in favor of the utility of vascular depletion, and, therefore, it ought not to be omitted. Because the violence of the fever is mitigated by spontaneous hemorrhage, it by no means follows that a corresponding relief will be experienced by drawing blood by artificial means. The spontaneous effort of nature to relieve itself, the sudden and salutary change that ensues, the precise time when the hemorrhage will do the most good, as well as the quantity to be discharged, cannot be imitated. Hence the advantage to be derived from venesection is, at best, precarious. Spontaneous hemorrhage does not often prove critical. “Mr. Gibson, of the Bombay Medical Department, pronounces, that bleeding is not to be hazarded, except occasionally, to the new-comer, and that spontaneous hemorrhages, instead of proving critical, have always seemed to hasten death, and indeed, without a single exception, in his experience, to prove fatal.” In the case before us, however, as the blood, instead of being dissolved and putrid, resembled in color and consistence that drawn in inflammatory diseases, venesection might have done no injury; but nevertheless it may be laid down as a general rule, that bloodletting does “no good.”

In 1819, I performed the operation but twice; which was of no service in one instance; in the other, which was the case of Mrs. McFarland, who was enceint,* the immediate result seemed to make a favorable impression on the disease. (It so happened, her room being in a state of disorder, I let blood while this lady was in an erect posture.) As to the quantity, which was twelve ounces, I was governed by the influence it had, while flowing, in altering the character of her pulse. The blood was contained in a pint bowl; its surface was convex, sizzly and light colored; in form, consistence and color, an exact contrast to buff. But as this operation was followed immediately by an emetic, and such other remedies as the circumstances seemed to indicate, the advantage to be de-

* For orthography, see Webster's Dictionary.

rived from it was problematical. In my opinion, however, it coöperated with the other remedies in producing a successful result.

Finally, profuse bleedings are of doubtful efficacy, and ought not to be hazarded without the most mature deliberation; the practice of indiscriminate depletion by bloodletting and calomel, with the view of extinguishing the "cause" of yellow fever, is preposterous.

With regard to venesection, it may not be uninteresting to review the conflicting opinions of practitioners who have sustained a high rank in their profession, and whose experience has been extensive. To effect this object, recourse will again be had to Dr. Good's "Study of Medicine."

"Dr. Lind, Dr. Clark and Dr. Balfour, whose authorities were implicitly allowed and submitted to some fifteen or twenty years since, shuddered at the thought of the lancet, and generally commenced with clearing the stomach and intestinal tube by gentle emetics, or purgatives, or both, &c. The last of these physicians had recourse to the lancet where there was obvious proof of very violent local affection.

"The times, however, are changed, and by far the more popular plan of late years has consisted in active, profuse and repeated venesections, &c. Dr. Rush, regarding the inflammatory impetus as the sole cause of danger, boldly resolved to lay prostrate, if possible, the morbid Hercules at its birth, by bleeding, according to the state of the pulse, two or three times a day during the first two days, and by following the same plan as long as a single germ of an inflammatory diathesis should continue to be manifest. 'I paid no regard,' says he, 'to the dissolved state of the blood, when it appeared on the first or second day of the disorder, but repeated the bleedings afterwards, in every case, when the pulse continued to indicate it.' This plan he often pursued through the fifth, and even the seventh day, in the course of which period, from a hundred to a hundred and twenty ounces of blood were frequently taken away by six or eight applications of the lancet.

"Blood, instead of being taken away gradually and successively on the principle of a gradual depletion, in conformity to the practice of Dr. Rush, has by many, and especially by Dr. Jackson, who seems to have introduced the practice, been drawn off, on the accession of the disease, to thirty or forty ounces at once, with the view of making a decisive impression upon the system; the same bold use of the lancet being repeated, if such impression be not effected.

"Where there is not much impetuosity in the onset, no great derangement or prognostic of inflammatory congestion in the larger viscera, where the remissions are regular, and the epidemic is pretty uniform in its character, large and repeated bleedings, as a general rule, must be mischievous. They will not shorten the career of the disease, but they will convert the remittent into a continued fever; and we shall in the latter stage of its course stand woefully in need of that strength which we shall have squandered away at first, if we have commenced with profuse venesection.

"Dr. Hunter, in a tone still more generally proscriptive, and which will meet with few defenders at present, thought himself justified in affirming respecting venesection, that even 'in such cases as seemed most to require it—for example, where the patient was young, strong, of a full

habit, and lately arrived from Europe—when the pulse was quick and full, the face flushed, with great heat and headache—and all these at the beginning of the fever—bleeding did no good!

“The following is Dr. Good’s remark on Dr. Pinkard’s case:—Here a freer use of the lancet would have been of no avail, and, had not the author most judiciously forbade its further employment, in all probability he never would have been the historian of his own case.*

“If the disease make its incursion with great impetuosity; if the pulse be full and strong, or even if it be only hard, and there be great tendency to inflammatory congestion in any of the large organs, as the head, the chest, or, as is far more common, the stomach, the spleen and the liver, we cannot well be too bold both in bleeding and purging; and the plan laid down by Dr. Rush is by no means an exaggeration of what ought to be pursued.

“Dr. Pym speaks with a very just discrimination upon this subject, in observing that while the Bulam fever, or the disease in its most violent attack, is relieved by free venesection, the yellow fever, more properly so called from the brighter hue on the surface, or, in other words, that which is slighter in its incursion, will not often endure the lancet. Dr. Musgrave’s assertion seems to oppose this assertion, for he distinctly tells us that bloodletting in both forms is our sheet anchor; the only pillar on which we can securely rest any hope of *extensive* success. ‘We have repeatedly,’ says he, ‘with success, taken upwards of forty ounces of blood at one bleeding. With equal success we have in several cases renewed the bleeding up to the third, and even the fourth time; but, generally speaking, those which require such reiterated evacuation evince an obstinacy NOT LIKELY TO ADMIT OF A FAVORABLE RESULT UNDER ANY MODE OF TREATMENT. IT MUST ALSO BE REMEMBERED, THAT EVERY ONE WHO APPLIES FOR ASSISTANCE IS NOT ALIKE ABLE TO BEAR THIS LIRERAL DEPLETION.’”

[To be continued.]

DEATH RESULTING FROM EATING SLATE-STONE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed recently in your Journal, reports of several cases of perforation of the stomach and bowels, I am induced to send you a brief account of a case of perforation of the stomach from *eating slate-stone*, which occurred within my observation a few months since.

Miss B——, the subject of this case, 17 years of age, was of robust constitution, and possessed an unusual degree of mental and physical activity. Late in the evening of Thursday, the 23d of January, 1841, she was taken with a severe pain in the left side, after returning home (the distance of a mile and a half) from this village, where she had been attending a meeting. At this time Dr. Moore, of this village, was sent for, who gave her an emetic among other means, when she vomited up some slate-stone. Nothing serious, however, was apprehended from this

* See Good’s Study of Medicine, Boston, Vol. II., p. 186.

cause. Early on the morning of the 24th, I was summoned to attend her, Dr. Moore being from home. On arriving at her abode, I found her in extreme distress, and in a state of high agitation, the friends supposing her dying. After a short time, however, she became composed and comparatively comfortable, with the exception of a severe pain in the abdominal region. The bowels were swollen, and there was some tenderness of the same. There had been no cathartic operation, although she had taken several doses of castor oil during the night. At this time an enema was used, which brought away slate-stone, both in a dissolved and concreted state. On inquiry, it was ascertained that she had been in the habit of eating slate-stone every day for several weeks, and occasionally for months. In the evening of this day Dr. Moore, and Dr. Denison of Oran, saw the case with me, and concurred in the diagnosis and treatment. There had still been no cathartic operation; bowels more swollen, and occasional nausea at the stomach; pulse more feeble, and strength failing. Thus she continued to the time of her death, which took place on the morning of the 27th, three days from her first attack. No free catharsis took place till near the close of her sickness, although cathartics and enemas were thoroughly used, sustaining her by stimuli as seemed to be necessary. Nearly a pound of slate-stone is supposed to have passed away with the enemas which were used. Her mind remained clear up to the time of her death, and she seemed perfectly sensible of the cause of her sickness as well as the fatal termination which awaited her.

Post-mortem Examination, eighteen hours after death.—Natural expression of features; abdomen excessively distended. Proceeding to examine the stomach and bowels, as soon as the scalpel penetrated the abdominal cavity, a considerable quantity of fluid, with some air, was expelled. After the fluid was taken up sufficiently to permit me to view the opening from which it came, a ligature was applied, and I proceeded to examine the intestinal tube as it lay in the cavity, and afterwards to remove it, together with the liver, kidneys and bladder. Evidence appeared of slight inflammation having existed throughout the whole peritoneum. No appearance of stricture or distension of any part of the bowels was seen. On opening the intestine, in various parts of its extent it was found to contain the same slate-colored fluid and concretions which the patient discharged previous to death. Small flocculi or flakes of slate-stone were also seen within the folds of the intestine, which were not easily washed off. On examining the stomach, the ligature was removed from the opening, which was found to be a perforation, situated in the right curvature of the stomach, about two inches from the pylorus. It was about the size of a goose-quill. The edge presented an uneven, irregular appearance, of a dark color, resembling cauterized flesh, which could not be washed off. On washing the internal surface of the stomach, which was covered with fine flakes of slate-stone, marks of inflammation were seen in that portion of it surrounding the perforation. The liver, kidneys and bladder presented their usual healthy appearance.

Manlius, N. Y., Sept. 13th, 1841.

HORACE NIMS.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, SEPTEMBER 22, 1841.

MORBID THIRST FOR ARDENT SPIRIT.

It is well known that water does not instantly allay the morbid thirst which prompts the drunkard to drink intoxicating draughts. It is only by a long course of moral training that the disposition to renew those maddening potations which plunge the inebriate into an abyss of misery, can be effectually overcome. An intimation is given, in a highly respectable publication, that a simple swallow of milk may assuage this stomach-burning of the drunkard. If such is the fact, the remedy is so very simple, and so completely, too, within the reach of the poorest outcast of humanity, that those who sympathize with the wretched victims of the vice of drunkenness, and who have opportunity, cannot do less than institute a series of experiments with a view to ascertaining whether there is any confidence to be placed in this proposed remedy.

Bowen's improved Apparatus for managing fractured Limbs.—"It is the best apparatus, I say unequivocally," says Dr. Parker, of New York, "that I have seen. It embodies all the advantages of Boyer's, Desault's, Gibson's, Bell's, Amesbury's and Smith's, with other merits of much importance, which none of these last-mentioned instruments possess." Dr. Cadwell, a surgeon of Watertown, N. Y., assures us that this is admirably constructed for making extension; and from a close examination, we think, for ourselves, that it is a highly ingenious piece of mechanism, which must fulfil the intentions of the artist. The manufacturer is Mr. Nathaniel S. Raymond, a New-England mechanic, who resides at Utica, N. Y., where orders may be sent. The agents in Boston are Messrs. Brewer, Stevens & Cushing, druggists, No. 90 Washington street. A complete machine for the leg and thigh is left with the editor, which is for the inspection of any who have either curiosity to gratify, or a desire to possess an important, useful surgical instrument. A description of it is wholly out of the question. Even with a plate there would be a difficulty in exhibiting the sliding joints: it must be seen to be understood or appreciated.

Pennsylvania College.—By a copy of the circular of the medical department of this College, we are reminded of the revolution of another year since a notice was taken of this same Institution. It seems that no essential alterations have been made since last season. Surgery, as will be seen by the advertisement, is in the hands of the celebrated Dr. Geo. McClellan, and anatomy and physiology, as in past times, is retained by the faithful Dr. Morton. Dr. Bird commences a new career, in the chair of *matéria medica* and pharmacy. It seems to us that a man of his high literary endowments will find the details of either of these subjects rather dull. Tickets, \$15 each; graduation, \$25. Students have every possible facility—and from a personal knowledge of some of the faculty, we feel assured that those who resort there, will be well and profitably instructed.

University of Maryland.—On the first Monday of September, the lectures commenced, according to the circular of the faculty of physic. We regret not having observed sooner that the term commenced thus early in the season, since we are deprived thereby of the opportunity of making the fact known for the benefit of such medical students as might be disposed to attend the lectures of a deserving institution. Dr. Smith, the surgeon, known extensively, has no superior and few equals in his department. Fees for the ticket of each chair, \$20—making a total expense for tuition, of \$120. Hospital and infirmary advantages are not inferior to those of any other school, north or south.

Phrenological Journal.—Nathan Allen, M.D., the able and amiable editor of the only Journal in this country devoted to the dissemination of the principles of phrenology, has resigned the charge, much to the regret of those who have heretofore looked to him for all the intelligence appertaining to this special department of philosophy. Before leaving, Dr. Allen had completed the third volume, the expenses of which, say the proprietors, have exceeded the receipts by several thousand dollars.—Messrs. O. S. & L. N. Fowler, the best practical phrenologists in the United States, if not in the world, according to the opinion of good judges, are the sole owners, and by them it will probably, in future, be conducted. We know all about being the *loser* in publishing a periodical, and therefore heartily commiserate fellow sufferers.

Homœopathic Examiner.—A double No. for July and August, came as late as the 10th of the present month, which is not quite as punctual as formerly, or at least not so early as the patrons would like to have the work. Dr. Hull has associated with him in the editorial management of this very beautifully executed periodical, Dr. Gray, a friend of whom he speaks in the kindest manner. The whole of Dr. Robert Capen's concise account of the mode of managing dislocations, taken from the American Medical Almanac, of the present year, is re-published in the Examiner. This is quite complimentary to Dr. Capen—a capital writer and good practitioner, who resides at Plymouth, Mass. A paper prepared by Dr. C., on the treatment of ulcers, distinguished for its brevity as well as sound sense and other good properties, will appear in the next annual volume of the Medical Almanac.

Guardian of Health.—Thomas E. Bond, Jr., M.D. and Chapin A. Harris, M.D., of Baltimore, are the joint editors of an interesting monthly periodical, devoted to domestic hygiene, with the above title, a specimen of which, comprising Nos. 1, 2 and 3, is before us. In every family, whether at the South or North, this publication would be prized if there was a single ray of intelligence in the household. The article entitled "*Remedies in case of Poisons and Accidents*," printed on a card, and nailed up in every dwelling throughout the entire country, would save many lives which are annually sacrificed as martyrs to ignorance. The paper on croup is worth committing to memory by all mothers. In a word, the plan and whole execution of this new journal is unexceptionable, and we shall be gratified to aid in extending its circulation as widely as its merits deserve.

Popular Lectures on the Structure and Functions of the Human Body.—Dr. Dunbar, of Baltimore, is about delivering a popular course of lectures in that city, illustrated by casts, drawings, and one of the Auzoux manakins. In addition to the best of personal requisites, Dr. D. will have at command all the facilities of an extensive private cabinet, which has been collected with great care and judgment, and he will therefore be very happy and instructive. The public are always willing and earnest to sustain any efforts made for the diffusion of useful knowledge.

Boston Lunatic Hospital.—Another valuable report of the past and present condition of this Institution—distinctly a lunatic hospital for the poor—by Dr. Butler, is published. The tables are elaborately constructed, and the whole account is so plain and satisfactory that it is a good model for others to follow in similar hospitals. Not having room for copying the statistical details the present week, a future notice will embrace the most important parts of the report.

Medical Promotions and Appointments in the Navy.—Passed Assistant Surgeons to be Surgeons:—Daniel C. McLeod, July 23, 1841; Lewis Wolfley, July 29, 1841. From Sept. 8th, 1841:—Lewis W. Minor, William J. Powell, J. Frederick Sickels, N. C. Barrabino, Henry S. Reynolds, M. G. Delaney, Wm. F. McClenahan, Wm. L. Van Horne, Daniel S. Green.

Appointments.—To be Assistant Surgeons, Sept. 8, 1841:—A. A. Henderson, Pa.; John Hastings, Pa.; C. H. Broughton, Va.; R. T. Maxwell Del.; Ed. McKinley, Pa.; A. P. J. Garnett, Va.; Hugh Morson, Va.

New Medical Books.—The following works have lately been published in London:—The Cause and Treatment of Curvature of the Spine, and Diseases of the Vertebral Column, with Cases. By E. W. Tuson, F.R.S., F.L.S., Surgeon to the Middlesex Hospital. With 20 plates, price 16s. 6d.—Brande's Manual of Chemistry; thoroughly revised and greatly enlarged; and incorporating all New Facts and Discoveries in the Science, Foreign as well as British. By William Thomas Brande, F.R.S., of the Royal Mint; Professor of Chemistry in the Royal Institution. 1500 closely-printed pages, 8vo. with numerous wood cuts, 35s., the fifth edition.—Deformities of the Spine and Chest, successfully treated by Exercises alone, and without Extension, Pressure, Division of Muscle, or other painful and useless Operations. Illustrated by many Plates. By C. H. Rogers Harrison, M.R.C.S., &c.—The History of Syphilis, and of its Cure without Mercury. By G. Hume Weatherhead, M.D., Edin., Member of the Royal College of Physicians, &c. Price 6s.—The Present State of Aural Surgery; with Remarks on the present Mania for unnecessary, bold and dangerous Operations, Catheterism, &c. By John Harrison Curtis, Esq., Surgeon to the Royal Dispensary for Diseases of the Ear. Price 1s.—The Human Brain; its Configuration, Structure, Development, and Physiology; illustrated by References to the Nervous System in the lower Orders of Animals. By Samuel Solly, F.R.S., Lecturer on Surgery, and Assistant Surgeon to St. Thomas's Hospital, &c. One vol. small 8vo. with twelve Plates. Price 12s.

TO CORRESPONDENTS.—Dr. J. M. Warren's report of operations for the cure of wry neck, and Prof. Hamilton's cases of varicocele, with other papers before acknowledged, are on file for publication.

MARRIED,—In South Reading, Nathan Allen, M.D., of Philadelphia, to Miss Sarah H., eldest daughter of Dr. Thaddeus Spaulding, of S. Reading.

DIED,—At Montpelier, Vt., Dr. Jacob Gleason, formerly of Medford, Mass., 34.—At Washington University, Baltimore, Dr. J. J. Laphen, resident physician.

Number of deaths in Boston for the week ending Sept. 18th, 46.—Males, 26; Females, 20.

Of consumption, 4—bowel complaint, 3—infantile, 1—old age, 2—dysentery, 10—accidental, 1—measles, 1—typhus fever, 3—diarrhea, 4—dropsy, 1—fracture of the knee, 1—teething, 1—child-bed, 1—lung fever, 1—suicide, 1—cholera infantum, 1—disease of the heart, 2—inflammation of the brain, 1—canker in the bowels, 1—chronic bronchitis, 1—disease of the liver, 1—debility, 1—liver complaint, 1—inflammation of the bowels, 1.

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

THE Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.
 GEORGE McCLELLAN, M.D., Surgery.
 WILLIAM RUSH, M.D., Principles and Practice of Medicine.
 ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.
 SAMUEL McCLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.
 WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—ep6w

S. G. MORTON, M.D., *Dean*.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of the Society on Wednesday, the sixth of October, at 11, A. M., at their room, Masonic Temple, Tremont street. GEORGE W. OTIS, JR.

S. 22—tm

Recording Secretary.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	- - - -	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	- - - -	ELI IVES, M.D.
Materia Medica and Therapeutics, by	- - - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - -	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841.

Jy 14—tsep28

CHARLES HOOKER, *Sec'y*.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday in October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	- - -	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	- - -	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	- - -	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	- - -	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	- - -	JOHN DELAMATER, M.D., Sarat. Springs.
Principles and Practice of Surgery, by	- - -	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator, - - - -	- - -	SUMNER RHODES, M.D. Geneva.

Geneva, August 17, 1841.

S 1—eptO

C. B. COVENTRY, *Dean*.

JAMES HADLEY, *Registrar*.

PROLAPSUS UTERI.

THE attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2.50 to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 3 Winter, corner of Washington st., Boston.—The instrument may also be obtained at the Medical Journal office.

Nov. 25.—2w&lam6m.

A. F. BARTLETT.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2,50 to \$3,00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—cptf

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing :—

Practice and Theory of Medicine, by	- - - - -	NATHANIEL CHAPMAN, M.D.
Chemistry, by	- - - - -	ROBERT HARE, M.D.
Surgery, by	- - - - -	WILLIAM GIBSON, M.D.
Anatomy, by	- - - - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	- - - - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	- - - - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	- - - - -	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	- - - - -	W. W. GERHARD, M.D. and
“ on Surgery, by	- - - - -	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

W. E. HORNER,

Aug. 25, 1841.

A 25—tDecl

Dean of the Med. Faculty, 253 Chesnut st., Philadelphia.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

		Fees.
Anatomy and Operative Surgery, by	- - - - -	DR. WARREN, \$15,00
Midwifery and Med. Jurisprudence, by	- - - - -	DR. CHANNING, 10,00
Materia Medica, by	- - - - -	DR. BIGELOW, 10,00
Principles of Surgery and Clinical Surgery, by	- - - - -	DR. HAYWARD, 10,00
Chemistry, by	- - - - -	DR. WEBSTER, 15,00
Theory and Practice of Physic and Clinical Medicine, by	- - - - -	DRS. WARE and BIGELOW, 15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1841.

S 1—cptN

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND Session of this Institution will commence on the first Monday of November next. The faculty is constituted as follows :

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.

H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.

CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.

THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—tN

THOS. E. BOND, JR., Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 131 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3,00 a year in advance, \$3,50 after three months, or \$4,00 if not paid within the year. Two copies to the same address, for \$5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 29, 1841.

No. 8.

DIVISION OF THE STERNO-MASTOID MUSCLE FOR WRY NECK.

BY J. MASON WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS requested by my friend, Dr. Davenport, to see a boy 16 years old, affected with wry neck, and received the following history of his case.

When four years of age he had a fall from the top of a stair-case to the bottom. He was alone at the time, and on being taken up no wound was to be discovered on any part of the body; he complained, however, of a pain in the left side of the neck. Shortly after the accident, it was found that the head inclined to the left, and that the muscles of that side were in an unnatural state of tension. This distortion gradually increased, until it attained the appearance which it presented at the time I saw him, twelve years after the accident. At this period he was suffering from frequent attacks of headache, and from an almost constant and severe pain in the diseased side of the neck. He was rather short of his age, and the distortion aided much to diminish his natural height.

On viewing him in front, the following were the appearances observed. 1st. The head was drawn down to the left side, the ear usually resting on the left shoulder, although he had the power of raising it a little from that position. 2d. This inclination was accompanied by a rotation of the head, so that the face regarded the right shoulder.

Observed from behind, there was a deep sulcus on the left side of the neck, with a corresponding projection on the right side, made by the transverse processes of the cervical vertebræ. A curve had taken place both in the cervical and in the lumbar portions of the spinal column. The left shoulder was higher than the right. The left side of the chest was projected, and there was a considerable excavation of the ribs on the opposite side. On examination of the vertebræ, proceeding upward, the spinous processes of the cervical portion could be distinguished until the third vertebra was arrived at; here the line of the column was lost, being concealed under a large mass of muscle; with great care the spinous process of the second cervical vertebra was discovered, having performed a rotation of nearly the quarter of a circle on its axis. The sterno-mastoid muscle of the left side, on being examined, was found to be very strongly retracted, as well as the deep-seated muscles of the neck; the scaleni particularly could be made out in an unnatural state of rigidity. The former, however, appeared to be the chief obstacle to the endeavors for bringing the head to an upright position.

In addition to these changes, the face had undergone a remarkable alteration worthy of notice. The whole left side of the face was more or less atrophied, and each of its component parts was much smaller than those of the other side; the left eye was much smaller than the right, which was raised up, and on a level higher than its fellow, and this appearance was not owing to the inclined position of the head alone, as was more distinctly verified when the face was brought into its natural position after the operation.

The health of the patient was not strong; and in addition the mortification of being afflicted with so severe a deformity, the pain at the spot where the curvature was most extreme was at times excessively severe. He lies commonly on his right side, sometimes on his back, but never by any chance on the side diseased.

It having been ascertained, so far as was practicable, that the chief obstacle to the restoration of the head existed in the unnatural state of the sterno-mastoid muscle, it was determined to divide it at its sternal insertion, the retraction, according to Guérin, who is considered the best authority on this point of surgery, commonly existing in this portion of the muscle.

The operation was performed on the 4th of December, in presence of Dr. Brown, Dr. Fisher, Dr. Davenport, Dr. Davies of Portsmouth, and Dr. Warren, Sen. The head being well supported, and carried a little forward, so as to project the muscle outward from the subjacent parts, the patient was directed to make strong efforts to exaggerate the existing rotation, so as to produce as great a tension of the muscle as possible. A puncture was now made with a lancet through the skin, about six lines above the clavicle, between the sternal and clavicular portions of the muscle. The narrow, blunt-headed knife of Bouvier was next introduced, its flat side towards the muscular fibre, carried behind the sternal head, its edge turned towards the muscle, and the section completed by a slight sawing motion. The effects of this operation were at once manifested by a distinct crackling sound, by a separation of the divided parts, and by the partial restoration of the head to its natural position, also by the possibility of rotation in every direction. The wound on the neck was covered with a bit of court plaster, a cap placed on the head, to the back of which, opposite the right mastoid process, a strap was attached, and being drawn tight was secured over the breast of the same side.

On the following day he was quite comfortable; he had slept well, lying on his left side, which he had been unable to do previous to the operation; the pain in his neck had entirely left him. The plaster covering the wound was removed at the end of forty-eight hours, entire cicatrization having taken place. The patient was now directed to wear a stock on the neck, and to make strong and constant efforts to rotate the head; he was also placed on an inclined plane for three or four hours daily, the head secured by a bandage carried under the chin and attached to the upper part of the board.

In the course of a fortnight a very great improvement was perceptible; the head, however, had not yet regained its proper position, but was still inclined to the left; the divided muscle had united, a firm and almost cartilaginous substance being apparent at the point of union. The clavi-

cular portion of the muscle had become much more prominent since the division of its sternal attachment, and now felt round and corded—presenting an obvious obstacle to the adjustment of the head. It was therefore thought advisable that the division of this part of the muscle should be effected, and in order to derive the full advantage from it, the operation was performed in the following manner.

The head being well supported and the muscle sufficiently relaxed, the body of the sterno-mastoid, just above its division into sternal and clavicular heads, could be readily seized between the thumb and forefinger and completely isolated from the deep-seated parts. A sharp-pointed knife was now carried behind the muscle, until it could be felt by the finger under the skin on the opposite side, and the patient being directed to place the muscle in strong contraction, the section was completed without difficulty.

This second operation was not followed by any inflammation, the wound being quite healed at the end of forty-eight hours; and by persisting in the treatment before directed, the head was very shortly restored to its normal position. At the present moment, nine months after the operation, I have made the following observations of his appearance.

To a person regarding him in front, a slight cant of the head is observable to the *right* side, evidently owing to the constant and determined efforts of the patient to overcome his deformity by carrying the head in an opposite direction. The face still presents the alteration already pointed out, viz., an atrophy of the whole of the affected side; the eye of the left side is much less prominent, the lid more closed, and the level of it lower than its fellow; the whole osseous, cellular and muscular system partake in this alteration or want of development.

From behind, the following changes are visible. The dorsal and lumbar curvatures of the spinal column have disappeared, and the shoulders have regained their natural elevation. The excavation of the ribs on one side, and the projection on the other, are fast disappearing. The right half of the muscles of the neck still remain greatly developed above that of the other side, and a slight curve still exists in the cervical vertebræ. The health of the patient has greatly improved, and his appearance is so completely altered since the operation, that his former friends scarcely recognize him.

CASE II.—The following case was operated upon by Dr. John C. Warren, in the first part of June.

The patient was a little girl, 9 years of age. When about four weeks old, the parents observed that the muscles on the left side of the neck were in an extraordinary state of tension; it was not, however, until the age of four years that the head began to be distorted, and from that period the distortion has gradually increased, so that at present the contraction is so great as to bring the mastoid process nearly in contact with the left shoulder, accompanied by a strong rotation of the head to the right. This distortion has evidently had a great effect on the health of the child, who is pale, emaciated, and of a feeble constitution. A double lateral curvature of the spine exists, though not so marked as in the preceding case.

Under these circumstances Dr. Warren determined to divide the sterno-

cleido-mastoid muscle of the left side, which was found to be strongly retracted, and was evidently the chief obstacle to the return of the head to the upright position.

The operation was performed in the following manner. The head being supported so as to give sufficient projection and tension to the diseased muscle, a narrow, sharp-pointed bistoury was passed between the skin and its sternal attachment, from without inward; the edge of the knife was now directed upon the muscle, and the division accomplished. The knife was again entered at the same orifice, carried in front of the cleido-mastoid, and this head of the muscle divided in a similar manner.

The result of the operation was an immediate alteration in the head to a more upright position. The wound healed in three days. The subsequent treatment was the same as that detailed in the preceding case.

The following is the substance of a letter received from her father two months after the operation. He states that she now has perfect command of her head, and a power of rotation in all directions. Her head is so nearly straight that a stranger would not notice any deformity. "From the shoulders her neck slopes to the right, which is apparent when standing behind her. The short curve at the upper part of the neck can scarcely be perceived. The cavity on the one side, and the enlargement on the other, have returned to almost the perfect shape. Her school-mates are astonished when they see her with her head up, and say how tall she has grown. Her neck, you will probably remember, was apparently very short; it is now a very long neck for a child of her age. She occupies the inclined plane four hours each day."

Remarks.—In reviewing these cases, we shall find the following circumstances worthy of notice. In the first place, the anatomical changes produced by the contraction of the muscle are very interesting, as bearing on many cases of deformity besides that now under consideration. The left half of the face, as has been already stated, had become more or less atrophied during the continuance of the disease, so that the whole osseous system, as well as the soft parts, was implicated in the diseased action. The alteration has been attributed by M. Guérin to the distortion which the great vessels of the neck undergo before their entrance into the cranium. The curvature to the right which the cervical vertebræ make on the dorsal, produces a strong traction of the skin, by which an oblique position is communicated to the left part of the face. The eyeball also undergoes a rotation on its axis, so as to bring it into the horizontal direction—the eyes, as M. Guérin remarks, being placed in relation to each other, as it were, on a stair case, from whence considerable trouble in vision is produced on the first adjustment of the head. The alteration in the spinal column is also interesting. In order to obviate the inclination of the head to the left, which brings it without the axis of the body, an inclination takes place of the cervical on the dorsal region, of the dorsal on the lumbar, and of the lumbar on the sacral. The excavation of the ribs on the one side, and their projection on the other, naturally follow from the persistence of the curvature in the spinal column.

There are few operations that have been more benefited by the establishment of the principle of subcutaneous incisions, than that for the sur-

gical treatment of wry neck. The operation previously employed by the most distinguished surgeons, consisted in first making a transverse incision through the skin, so as to expose the fibre of the sterno-mastoid; the muscle was now carefully dissected, layer by layer, until the whole was divided. The results of this method were often very severe; there was great inflammation, and suppuration frequently followed by infiltration of pus into the anterior mediastinum—sometimes causing the death of the patient. The contraction also of the cicatrix from so severe a wound, often counteracted the benefit derived from the division of the muscle.

To M. Guérin, of Paris, we are chiefly indebted for the exposition of the pathology, physiology, and the surgical treatment of wry neck. M. Guérin has endeavored to establish the following propositions.

1st. That what has been called the sterno-cleido-mastoid muscle, constitutes, in fact, two distinct muscles—the sterno-mastoid, and the cleido-mastoid.

2d. The sterno-mastoid and the cleido-mastoid are possessed of different functions: the first is a flexor and rotator of the head; the other muscle is essentially a muscle of respiration.

3d. In wry neck, which has thus far been attributed to the shortening of the sterno-mastoid, the sternal muscle is primitively alone affected.

4th. That, in the treatment of chronic wry neck, owing to the shortening of the sterno-mastoid, the section of the sternal portion alone suffices to destroy the essential cause of the deformity.

The limits of this paper will not allow us to enter into all the proofs which he adduces in support of his positions. The practical inference to be drawn from them, however, appears in the fourth proposition, viz., that in the majority of cases, the sterno-mastoid is primarily affected, and this alone requires an operation. Where the affection has lasted for a length of time, as in the two cases stated above, the cleido-mastoid almost always partakes in the diseased action; and although by a long persistence in the use of mechanical means, this may be sometimes overcome, yet the cure is undoubtedly much facilitated by its division. M. Guérin has drawn a distinction, worthy of notice, between what he calls the *retraction* and the *contraction* of the muscle. The former, he has endeavored to show, only takes place after a long persistence of disease, and consists in a fibrous degeneration of the muscle, and always requires surgical interference; whereas the latter, which occurs in acute wry neck, is a simple temporary shortening of the muscular fibres, such as occurs in common muscular action, and is always amenable to the use of medicinal remedies, more particularly to the local application of the tartar emetic ointment.

The following is the most approved manner of performing the operation. The head of the patient being firmly supported, is carried a little forward and strongly rotated, so as to project the muscle outward from the subjacent organs and make it as tense as possible. A fold of skin over the muscle being raised, a puncture is made with a lancet from four to six lines above the clavicle, and between the insertions of the two heads of the muscle. The narrow, blunt-headed knife of Bouvier is now introduced and carried with its flat side between the muscle and the skin.

The hold on the skin may now be relaxed, the edge of the knife applied to the muscle, and the division effected. This is usually announced by a crackling sound, and by the partial adjustment of the head. Instead of passing the knife in front of the muscle, it may be carried behind it; but in this case it is well that the knife should have a different shape; in the former a concave, and in the latter a convex, edge is required. If it should now be determined to divide the clavicular head of the muscle, the knife may be introduced into the same orifice in the skin, carried backward, and the division made as in the preceding case—the section of the muscle from without inward being here always to be preferred, as being both more safe and more easy of execution.

When the projection of the muscle is sufficient from the parts beneath to remove them from the danger of being punctured, and it has been determined to divide the body of the muscle, the method may be adopted which was practised in the former of the two cases which have been reported. The body of the muscle just before its division being seized between the fingers, so that these are made to meet behind it and ascertain that no obstacle intervenes, a narrow-bladed knife is carried beneath until the point is detected under the skin on the opposite side, and the division is then to be made from within outward.

In dividing the internal head of the muscle, we have occasionally beneath the skin the anterior jugular vein, as it passes across the neck to enter the subclavian. This, however, is easily avoided by making the incision sufficiently near the clavicle. The carotid and internal jugular are protected by the sterno-hyoid and sterno-thyroid muscles, and could not be reached but by the point of the knife carelessly introduced. In dividing the cleido-mastoid, the external jugular, which lies between the border of the muscle and the skin, may be wounded; this is avoided by raising the skin and passing the knife with its cutting edge perpendicularly to the muscle, the vein being left between the back of the instrument and the skin. In dividing the body of the muscle, the external jugular is the principal organ to be avoided, and with sufficient care can be easily left on the outside of the puncture necessary for introducing the knife employed in the operation.

September, 1841.

THE HUMORAL PATHOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Carpenter, in his review of the “Medical and Physiological Commentaries,” as contained in the April No. (1841) of the British and Foreign Medical Review, and a Reviewer of the same work (*by a singular coincidence*), in the April No. of the Medico-Chirurgical Review, are pleased to deny the validity of my Essay on the Humoral Pathology, but do not attempt its refutation by a single fact or argument, nor have I anywhere seen any demonstration against it, beyond the *ipse dixit* of the writer. The Reviewer, in the Medico-Chirurgical, remarks that—

“The question at issue, as Dr. Paine *fairly states it*, is this—‘Whether

foreign morbid causes and remedial agents, in their ordinary modes of operation, produce their primary effects upon the solids or upon the blood, and the latter become the cause of disease in the former; whether we have hereditary humors, as gout, scrofula,' &c. &c. We are satisfied with the answer of M. Andral to this question," &c. &c.—(*Rev.* p. 400.)

Now, M. Andral unequivocally affirms, and attempts to demonstrate by syllogistic reasoning, that ALL diseases are owing to a *primary vitiated* state of the blood, and that there is but one therapeutical principle, which is founded upon this pathological dogma, and which consists in cleansing or otherwise restoring the blood by the direct action of remedial agents, without any reference to the state of the solids. This I have not only abundantly shown by quotations from M. Andral (*Comm.*, Vol. I., pp. 415, 618, 630—631, 636—637, &c.), but that it is the doctrine of many other living and distinguished medical writers. (See *Comm.*, Vol. I., pp. 392—400, 417, 419, 433—435, 447, 464—465, 488, 517, 540 *note*, 541, 543, 531, 533—539, 565, 576—581, 582, 586, 587 and 608 *notes*, 609, 611, 613, 639—640, 663, 667, 674, 696—698, &c.) Dr. Latham states the whole pathological and therapeutical doctrine, when he says that we shall doubtless find the seminal principle of disease in a pravity of the blood itself, and that the worst forms of fever will yet be cured by table-salt, in virtue of its direct blood-making faculty.*—(*Comm.*, Vol. I., pp. 397, 657.) Other late and distinguished writers are quoted to the same effect. The *British and Foreign Medical Review*, and the *Medico-Chirurgical Review*, maintain in many of their late articles the foregoing doctrine, or do, at best, but tolerate solidism and vitalism where it would be manifestly preposterous to adopt the humoral *rationale*.—(See *Comm.*, Vol. I., pp. 392—400, 534, &c.)

I come now to the specific object of this communication, which is to substantiate the concluding sentence of the following quotation from the "Commentaries," and with which the *Essay on the Humoral Pathology* commences. Thus:—

"Having hitherto investigated the character of the forces and actions of life, we are better prepared for considering the important subject of the Humoral Pathology.

"What recollections are not inspired by our introductory sentence! What mind so insensible to the past, that it has not already travelled over the various eras of medicine, and passed in review those countless sages that gave distinction to each? Who has not traced from Galen to the last of his race, the brilliant achievements, the heroic renown, the unexampled career of humoralism? Who has not fancied that *last* man standing in solitary, hopeless defence, like Caius Marius swearing revenge over the ruins of Carthage? Dividing into adverse schools, they yet maintained a common bond of union *through the doctrine* which is now uniting us with remote ages, *and with every empyric in the land*."—(*Comm.*, Vol. I., p. 385.)

I shall subjoin an advertisement by the acknowledged chief of empyrics, which, it will be seen, embraces the whole philosophy of medicine as now cultivated by distinguished humoralists, reduces pathology and thera-

* See Latham's Lectures on Clinical Medicine, p. 53. 1837. American edition.

peutics to a simple "*Unit*," strips them of all relation to physiology, and in the candid language of Magendie—"all the physician can do is to order certain remedies, which, if necessary, *the nurse could prescribe equally well*." "You saw me," he continues, "give rise, at *my pleasure*, to pneumonia, scurvy, yellow fever, &c., not to mention several other affections which, so to speak, I called into being before you." And all this upon cats and dogs.—(*Comm.*, Vol. I., p. 397.) It is said that Professor Chapman is wont to ask his medical class whether they ever saw a hen with smallpox. Of *vitality* Magendie speaks also the common doctrine of the physical and chemical philosophers of life. "For my part," he says, "I declare boldly that I look upon these ideas about vitality, and the rest of it, as nothing more than a cloak for ignorance and laziness."—(*Ibid.*) This degeneracy of medicine has grown out of the recent efforts to construe the results of life by the forces of inorganic matter and upon physical and chemical principles.

Endless experiments have been going on in all parts of Europe with injections of putrid and other morbid substances, and even of quicksilver, into the circulation, to extort from their results the conclusion that the ordinary causes of disease are *absorbed* and *vitate* the blood. These experiments have become the grand foundation of the doctrine, whose practical consequences are so forcibly and so justly set forth by Magendie. Or, if we turn to the metropolis of Great Britain, where Hunter and his compeers exalted medicine to the highest dignity amongst the sciences, we shall have some idea of the *intellectual* respect in which it is regarded by the ablest champions of humoralism, by quoting the precepts lately inculcated by Dr. Latham upon a class of medical students.

"Knowledge," says Dr. Latham, "may be an encumbrance as well as a help." "I am acquainted with men who never have done, and never can do, anything, *because they know too much*." "Nothing is more common than to hear it said of some *eminent* and *distinguished* person—'Eminent and distinguished as he is, what would he not have been had he possessed the learning of such an one?' Whereas, if he had possessed one particle more of learning than he has, he would have been nothing at all; it would have weighed him down and he would never have been heard of"! "Many a clever man practises physic with tolerable success, who has never troubled his head about morbid processes, and who has not the remotest notion how those things come to pass which he has been witnessing, in their effects or their symptoms, all the days of his life"—(*Latham's Clinical Lectures*, pp. 16, 59.)

On the other hand, we are told by Hippocrates, that medicine is related to all other sciences, that its philosophical attainment, and its practical application, are the most difficult of human pursuits, that a "philosophical physician is like a god," and he urges upon his son the study of mathematics as an important foundation for medical inquiries. Zimmermann and other illustrious philosophers, after the experience of more than two thousand years from the precepts of Hippocrates, maintain that it is only men of genius who can, without erudition, grasp the principles of the healing art.—(*Zimm. on Experience in Medicine*.) Let us not,

then, throw discouragements in the way of intellectual culture, where it is so much demanded by the highest interests of humanity.

I come now to the demonstration that the whole science of medicine, as cultivated by the most able humoralists, is lucidly expounded, and insusceptible of improvement or further illustration, in an *advertisement* by BRANDRETH, which I copy from a newspaper of the 23d of August, 1841; and I shall also feel it due to the cause which I advocate, and for which I have been wholly misrepresented and calumniated by the two leading medical Reviews of Europe, to incorporate this communication with the "Medical and Physiological Commentaries," along with my pamphlet.

Advertisement by Benjamin Brandreth.—"DISEASE A UNIT. *Impurity of Blood the only Disease.* How simple, yet how wise, how good and beautiful are all the laws of Nature! Simplicity and truth are stamped upon every law of the creation. The mighty worlds which roll in space, in every degree of velocity and direction, are all governed by ATTRACTION OF MATTER TO MATTER. This principle governs the human body. *Brandreth's Vegetable Universal Pills* attract all impurities of the blood to the bowels, which organ expels them from the body. Attraction and disease are both UNITS. All accidents, or infections, only affect the body in proportion as they occasion *impurity* of the blood. The bowels, for instance, are costive—this most important organ is closed—the consequence is a great accumulation of impurities, which, as they cannot get out by their usual passage, are *forced into the blood*. [And so say the humoralists of accumulated urine.*] Thus fevers, colics, rheumatism, coughs and colds, are often produced. But, let *Brandreth's pills* be used in such doses as will effectually evacuate the bowels, and health is restored at once. *Hot weather*, by occasioning *debility*, produces *impurities of the blood*; from which arise dysentery, cholera morbus, cramps in the bowels, feebleness, pains in the back and hip-joints, headaches, &c. &c. These unpleasant companies are speedily removed by a few doses of the *Brandreth pills*, which soon restore health *by purifying the blood*. Grief, great anxiety of mind, much watching, fear, bad food, intemperance, residence near marshy land, tend, in a powerful degree, to promote *impurity of the blood*, which soon shows itself in erysipelas, consumption, epileptic fits, apoplexy, scurvy, fever and ague, derangements of the stomach and bowels, all which symptoms will soon be removed *by purifying the blood with the Brandreth pills*. [See Andral in "*Comm.*," Vol. I. ut. cit.] Smallpox, scarlet fever, putrid fevers, even spotted fever, and fevers of all kinds, are propagated only by those whose blood is in a state of *impurity*. These maladies are mild or virulent according as the *blood* be charged with *impurities* previous to the infection being received, and never attack those whose blood is in a state of purity. [See *Comm.*, ut cit.] The *Brandreth pills*, *by purifying the blood*, soon cure these maladies. Ulcers are produced by *impurities of the blood*. The part where it breaks out has, in days gone by, been injured, and therefore its powers *could not repel* the impurity of the blood

* See *Comm.*, Vol. I., p. 601—608, &c. Were urine absorbed, it would produce violent inflammation not only of the absorbents of the bladder, but in all other parts. And so of bile.

when it settled upon it. [See *Comm.*, ut cit.] Soon the acidity excoriates and opens the ulcer. Here we have a *drain* or outlet opened for the *bad humors*, for the impurity of the blood to pour out of the body. [See *Comm.*, ut cit.] *Brandreth's pills*," &c. &c.

Such, then, is a truly luminous exposition of the whole doctrine of humoralism—only Brandreth's philosophy does not recognize the *absorption of his pills*. He seems to be sensible that they are incapable of converting diseased and impure to healthy blood by mixing with that fluid, and has therefore substituted the ingenious hypothesis of attraction—for which he finds an analogy in cohesion and gravitation, just as Dr. Carpenter does in the "development of the magnetic powers of iron" for the "development of the vital properties which are dormant in the elements of matter," when the former, like the latter in respect to organization, is placed in a favorable relation to the magnetic influence.

How far it is probable Dr. Carpenter may be indebted to Brandreth's advertisements for his conceptions of the humoral pathology, as set forth in his review of the "Medical and Physiological Commentaries," can only be inferred from the general conviction of plagiarism which I have proved upon him in my pamphlet, and especially his signal preference of the writings of the Rev. Dr. Channing, as exhibited in his "Principles of General and Comparative Physiology," and in extensive Essays in the British and Foreign Medical Review. It is difficult, however, to conceal the gratification at finding American authors in such high favor with our distinguished transatlantic friends; and, humble as may be our American humoralist in the estimation of the eminent philosophers of his school, it cannot be concealed that a more able exposition of the doctrines of humoralism has never been vouchsafed to the world, nor the whole philosophy of medicine more comprehensively set forth. This I am induced to claim in behalf of America.

Beyond the haunts of the empyric, however, let me once more say, that America has scarcely yet been tainted with the physical doctrines of life or their natural offspring, the vagaries of humoralism. She still presents, in the midst of nations whose eminent men have, at former times, directed the destinies of science, the astonishing spectacle of an almost entire profession devoted to the Hippocratic method of observing nature, clinging to the experience of the past, avoiding the fruits of that philosophy which is founded on the ruins of nature, nor yet seeks an interpretation of her vital phenomena in the crucible of the chemist or through the glass of the optician. She remains unshaken by the convulsion around her.

Let us continue to cultivate physiology as the most profound and the sublimest department of nature—to look upon the invasions of physics and chemistry as the ambitious strides of a giant who would gain a monopoly of the earth, and upon any act of submission as a degradation of ourselves and of that philosophy which can alone protect the Attributes of Him who gave it existence. Let it still be the ruling genius of this land to consult the understanding first, and the imagination and senses next; and, whatever we may obtain from abroad, that concerns the interests of medicine, may it still be subjected to rigorous analysis, and to the test of reason and in-

dividual experience. Let us still go on as we have been going, "gathering like the bee from abroad, but digesting that which is gathered *by his own virtues*;" still leaving the phantom of "vitality and spirituality in the elements of matter"—the "frail embryo of organic chemistry"—the dependents upon morbid anatomy for the diagnosis of that disease which has put an end to its speculative treatment—homœopathy—animal magnetism—"artificial digestion"—the mathematical humbug—still leaving these, and all others like them, "to spin out, like the spider, all their own bowels," and thanking "the empyrical philosophers, who, like pismires, only lay up and use their own store," for any proportion of their harvest they may be willing so spare—being ever willing to receive from the foregoing phalanx their castigations for our unambitious perseverance upon the well-beaten path of nature, or their contumely for our undaunted energy in the treatment of disease, or their maledictions for waiting upon nature when art has won its triumph.

Respectfully yours,

New York, August 23, 1841.

M. PAINE.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 29, 1841.

MEDICAL CONVENTION OF OHIO.

A COPY of the proceedings of the Convention which met at Columbus on the 5th, 6th and 7th of May last, has been received. The dissertation by Dr. J. P. Harrison, on the *diseases induced by mercury*, is reserved for a leisure day. That on *medical education*, by the same industrious and learned gentleman, is worthy of the careful examination of the guardians of the profession. *Florula Lancastriensis* is a formidable paper, which we passed over hurriedly, having always stood in great dread of technical botany. Dr. Dawson's paper on the winter fever that prevailed in the eastern part of Green County, shows the critical observation of a conscientious practitioner, intent upon the important business of doing his duty most faithfully.

Medical Institution of Yale College.—By an advertisement in this day's Journal it will be observed that Dr. Tully has resigned his professorship of Materia Medica in Yale College, and that Prof. Ives is temporarily to supply that chair. It is to be regretted that the school is deprived of the talents and profound learning of Prof. Tully. Prof. Ives, however, who is a distinguished botanist, formerly occupied the chair of Materia Medica, and will again be at home in that department, in which his lectures, especially those on our indigenous materia medica, contributed much in former times to the celebrity of the school.

A singular Dwarf.—At Mr. Harrington's Museum, in this city, there is on exhibition, a boy, now in his sixteenth year, who is but 37 inches tall, with a girth of 12 inches round the waist, and weighs, including dress,

only 21 pounds! He is called James Washburn, and is said to have been born in Vermont. Although he has a bright, sparkling eye, the features are small, contracted, pale, and of a sickly hue, yet he is represented to be in excellent health. Some of the phrenological indications of the head show him to be affectionate and inquisitive, yet in intellectual development he is still a child. There seems to be some mystery about the matter—as no one can say distinctly where he came from, or who his parents are. It is said that his mother was greatly frightened before his birth, by being suddenly shown her own father's corpse. For some years there has been no alteration in his personal appearance, and it is therefore presumed there will be no future increase of growth. We notice this boy as physiologists. Those who study the character of animal organization, or watch the influence which the mechanism of the body obviously has over the condition of the mind, should visit this anomaly—this wide departure of nature from her common course of operations.

Rigby's Midwifery.—A large, well-finished volume, from the press of Messrs. Lea & Blanchard, Philadelphia, has been promptly delivered to us by our neighbor Ticknor. The merits of the work will be speedily set forth. In the mean time the publishers will please to accept our thanks.

Dental Science.—The 11th and 12th Nos. of the American Journal of Dental Science, came on Friday, and are equal in value to any which have preceded them. We should hardly be willing to employ an operative dentist who did not take this important publication. Without it, it seems impossible that any one should keep pace with the scientific and mechanical advances of modern dentistry.

New Books in Progress.—A new edition of Buckland's Geology, with additions.—An atlas of plates, illustrative of the principles and practice of obstetric medicine, by Mr. F. H. Ramsbotham, in a large volume, containing over one hundred plates, will be issued at Philadelphia in November next.—The Principles and Practice of Medicine, by our learned friend, Dr. Dunglison, in two volumes, is soon to appear.—Why are no copies of Dr. Gibson's Rambles in Europe, containing sketches of prominent surgeons, physicians, medical schools, &c., seen in Boston?—The fourth edition of Dr. Dunglison's Physiology, improved and modified, seems not to have been sufficiently known this way. Every physician should possess a copy, if possible.

Boston Lunatic Hospital.—From July 1, 1840, to June 30, 1841, the whole number of patients in the Hospital has been 136; of whom 74 were males and 62 were females. Of these, 87 were in the Hospital at the beginning of the year, 49 have been admitted during the year, and 103 remain at its close. Of the 136 who have been inmates of the Hospital during the year, 30 have been recent cases (of less duration than one year), and 106 have been old cases (of longer duration than one year). Of those in the Hospital at the commencement of the year, 5 were recent and 82 were old cases. Of those since admitted, 25 were recent and 24 were old cases, and there now remain in the wards, 12 recent and 96 old

cases. The number of discharges during the year has been 28. Of these, 14 had recovered, 2 improved, 4 not improved, 1 eloped, and 7 died. Of the 6 improved and unimproved, 4 were sent to their friends or to towns liable for their support, and 2 were admitted to the House of Industry. Eighteen were recent cases, of whom 13 had recovered, 1 improved, 1 eloped, and 3 died. The remaining 10 were old cases, of whom 1 recovered, 1 improved, 4 not improved, and 4 died.

Of the 96 old cases, there are very few for whom the hope of recovery can be indulged. The results of the experience of lunatic hospitals justify the assertion, that under the present system of treatment the great majority of those now doomed to live in hopeless insanity and dependence, would have been restored to sanity, the privileges and enjoyments of society and the capacity of self-support.

From the date of the admission of the first patient, Dec. 11, 1839, to the present time, the whole number admitted is 153; 85 males and 68 females. The whole number discharged is 45, 30 males and 15 females; of whom 19 had recovered, 3 improved, 12 not improved, 9 died, and 2 eloped. Thirty-five recent cases have been admitted; of these, 17 have been discharged recovered, 1 improved, 4 died, 1 eloped, and 12 remain. Of those remaining, 8 have been admitted during the last quarter, and several have nearly recovered. Of the 118 old cases admitted, two have been discharged recovered, 1 improved, 12 not improved, 1 eloped, 4 have died, and 96 remain.—*Dr. Butler's Report.*

Diseases of the Stomach and Bowels.—Dr. Robert Dick, of Edinburgh, is the author of a work lately published on the derangements of the organs of digestion. The following is an extract from the notice of it in the London Lancet.

"The author throughout the work has set himself unqualifiedly to discountenance the preference now entertained both by many practitioners and the public, for animal and farinaceous diet, in digestive derangements. He shows that while the use of bulky and flatulent vegetables, as cabbages, turnips, &c., are not always advisable in this class of complaints, yet that the use of such fruits as grapes, pomegranates, apples, pears, oranges, strawberries, cherries, lettuces, celery, rhubarb, &c., is, on the other hand, not only innocent, but absolutely indispensable for the thorough cure of the greater part of derangements of the stomach and bowels; that, under their use, these organs may be ameliorated in a degree in which, without that use, and by medicines alone, they could never be; that, thereby, regular and healthy evacuations, otherwise unattainable, may be procured, and, what is of vast importance, that a multitude of those unpleasant and intractable symptoms called "*nervous*" will vanish under the employment of vegetable diet, such as is specified in the work, and used with the cautions there laid down."

Lunatics in North Carolina.—Almost every State in the Union has an asylum for the comfortable accommodation of those unfortunate beings who, deprived of reason, have the strongest claims upon the humanity of their fellow beings. But North Carolina can boast of no such institution, though the recent census discloses the astonishing fact, that she has within her limits *five hundred and eighty persons* of this description.

Treatment of Milk-sickness.—Dr. John Evans, of Attica, Indiana, has sent us a short account of a method of treating this disease, pursued for some years past by Dr. Wilson of that town, and lately by himself, which he affirms is almost invariably successful. The prescription is as follows: R. Pulv. rhei, 3i.; magnes. cal., 3ss. Mix. A tablespoonful to be given in mucilage every two hours, till purging is produced. If vomited up, a new dose must be immediately administered.—*Western Journal of Medicine and Surgery.*

Medical Miscellany.—The sickness at Norwich, Conn., of which there were alarming reports, appears to have been overrated.—A physician in the city of New York, is soon to be tried for the crime of producing an abortion on a young woman of that city.—Dr. McClintock, the professor of anatomy and physiology in the Berkshire Medical College, is at his post at that flourishing Institution, having only been temporarily absent at Castleton;—the demonstrator of anatomy merely recapitulated the subjects of the previous lectures, till the doctor's return from Castleton.—Tar, freely applied to the diseased hoofs of horses or cattle, is said to be the best of remedies—particularly when there is a purulent discharge.—H. H. Sherwood, M.D., is the author of a novel work, just from the press, entitled "*The motive power of organic life and magnetic phenomena of terrestrial and planetary motions,*" &c., which should be placed in this market, immediately. Messrs. H. A. Chapin & Co. are the publishers.—Dr. Peter G. Douglass, of some notoriety in connection with specifics of one sort and another, was apprehended and imprisoned, says the Boston Atlas, at Dedham, last week, for forgery.—Phrenology is taking high ground in Italy, by attracting the attention of the learned and scientific.—An Anthropological Society was organized in London as long ago as 1836, for the purpose of investigating the laws of the Creator in reference to man.—Dr. John Epps, a skillful English physician, imagines that he has treated many cases of epilepsy and other diseases successfully, by means of the light phrenology has thrown on the functions of the brain.—The celebrated Dr. Andrew Combe, of Edinburgh, is said to be fast declining in health.—The fever was increasing in New Orleans, contrary to the expectations of the people, when the last bulletin came.—Dental and surgical instruments of excellent workmanship, no way inferior to the best specimens of foreign manufacture, are on exhibition at this time in the Mechanics' Fair, in Boston.—La Fayette, near New Orleans, is said to be as sadly smitten with yellow fever as the city.—Henry H. Childs, M.D., extensively known to the profession throughout New England, is the democratic candidate for Lieutenant Governor of Massachusetts.—According to a Brussels paper there are fifteen persons in Belgium above 100 years of age, of whom nine are females. One of the latter is 104, and two others 105 years old.—If possible, the farce and impositions of animal magnetism, in London, about these days, exceed even those on this side the Atlantic. None, however, but the ignorant, countenance such tomfoolery, either here or there.—Drs. Hall and Prout, of the St. Louis Medical School, have resigned their professorships; and Dr. W. Carr Lane, of that city, and Dr. Richard F. Barrett, of Springfield, Ill., have been appointed their successors.—Dr. Jno. P. Harrison, late professor of Materia Medica in the Cincinnati College, has been appointed to the same chair in the Medical College of Ohio.

Number of deaths in Boston for the week ending Sept. 25th, 34.—Males, 13; Females, 21. Stillborn, 3. Of consumption, 4—cholera infantum, 2—infantile, 3—canker in the bowels, 1—teething, 3—marasmus, 1—dysentery, 4—croup, 1—canker, 1—typhus fever, 3—debility, 1—disease of the liver, 1—disease of the brain, 1—scarlet fever, 2—sudden, 1—accidental, 1—worms, 1—intemperance, 1.

MEDICAL INSTITUTION OF YALE COLLEGE.

In consequence of the recent resignation of Prof. Tully, at a period too late for the appointment of a successor for this season, the course of Lectures on *Materin Medica* will be given by Prof. Ives, with such assistance as he may require from the other professors. The term will commence on Thursday, the 30th inst.

New Haven, Sept. 18th, 1841.

S. 29—1p

CHARLES HOOKER, *Sec'y*.

BOSTON MEDICAL SCHOOL.

The subscribers continue to receive students in medicine, and to afford them every advantage in the pursuit of their profession. The following course will be pursued during the ensuing medical year.

For those gentlemen who intend presenting themselves for degrees after the next series of lectures at the Medical College of Harvard University, special and minute examinations will be held upon the numerous branches of medicine and surgery.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, as well as at the Infirmary, practical lessons in auscultation will be afforded.

Occasional opportunities will be had for private practice in midwifery, surgery, &c.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, in which branch the students will be assisted by one of the instructors.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, is held weekly under the superintendence of one of the instructors.

A regular course of instruction will be given as follows.

On Descriptive and Practical Anatomy and Surgery, by	- - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - -	DR. PERRY.
Diseases of the Chest, and Midwifery, by	- - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - -	DR. WILEY.

Rooms for study, fuel, and light, free of expense.

For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

M. S. PERRY, M.D., 412 Washington st.

C. H. STEDMAN, M.D., 7 Hanover st.

H. I. BOWDITCH, M.D., 8 Otis place.

H. G. WILEY, M.D., 467 Washington st.

Boston, Sept. 6, 1841.

S 15—eplm—coptf

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841—42.

The regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been *recently* added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., *Dean of the Faculty*.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—coply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

DR. J. J. MOORMAN.

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840.

O. 23—1antMcheoptO

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of the Society on Wednesday, the sixth of October, at 11, A. M., at their room, Masonic Temple, Tremont street. GEORGE W. OTIS, JR.
S. 22—tin Recording Secretary.

MED DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

THE Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.
 GEORGE McCLELLAN, M.D., Surgery.
 WILLIAM RUSH, M.D., Principles and Practice of Medicine.
 ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.
 SAMUEL McCLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.
 WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—epbw

S. G. MORTON, M.D., *Dean*.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

			Fees.
Anatomy and Operative Surgery, by	-	DR. WARREN,	\$15,00
Midwifery and Med. Jurisprudence, by	-	DR. CHANNING,	10,00
Materia Medica, by	-	DR. BIGELOW,	10,00
Principles of Surgery and Clinical Surgery, by	-	DR. HAYWARD,	10,00
Chemistry, by	-	DR. WEBSTER,	15,00
Theory and Practice of Physic and Clinical Medicine, by	-	DRS. WARE and BIGELOW,	15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, *Dean*.

Boston, August 21, 1841.

S 1—eptN

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

THE annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.
 GRANVILLE STARR PATTERSON, M.D., Professor of Anatomy.
 JOHN REVERE, M.D., Professor of Theory and Practice of Medicine.
 MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.
 GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.
 JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2,50 to \$3,00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a SURGICAL CLINIQUE has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Jy 28—coptN1

Secretary to the Faculty.

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
 JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.
 T. ROBEYN BECK, M.D., Prof. Materia Medica.
 EBENEZER EMMONS, M.D., Prof. Obstetrics and Natural History.
 LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.
 JAMES H. ARMSBY, M.D., Prof. Anatomy.
 THOMAS HUN, M.D., Prof. Institutes of Medicine.
 AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3,50 per week.

Aug. 11—6w

ALDEN MARCH, M.D., *President of Faculty.*
 J. H. ARMSBY, M.D., *Registrar.*

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3,00 a year in advance, \$3,50 after three months, or \$4,00 if not paid within the year. Two copies to the same address, for \$5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, OCTOBER 6, 1841.

No. 9.

POISONING BY ARSENIC.

[Communicated for the Boston Medical and Surgical Journal.]

IN examining the Medico-Chirurgical Review from 1828 to 1841, we find 33 cases of *poisoning by arsenic*, 11 of which died; viz.,

		Recovered.	Died.	Length of time to death.
Accidental	25	20	5	from 36 hours to 28 days.
Suicide	5	2	3	{ in 17 hours, dead
				{ in 15 hours, "
				{ in 9 hours, "
Murder	3		3	{ in 7 hours, "
				{ in 8 hours, "
				{ time not remembered.
	—	—	—	
	33	22	11	

Of the three murders committed, two were by females. The one of which so little is known was, I think, committed by the mate of a vessel on a man on board, with whom he had a quarrel. Of the five suicides, four were females, and one a male, who was so excessively frightened the moment he had taken the poison, that he applied immediately for relief, and recovered. "This is probably owing to the fact that females poison, and men shoot or stab."

Accidental Poisoning.—The longest period of sickness, and the shortest, occurred in one family. We give it in the words of Dr. Johnson, as he copied it from the Journ. Univ. et Heb., published 1832. "M. and M^{me} Caillette, having eaten some *bouilli* and other meats at dinner, were seized, two hours after, with sickness and vomiting, which, however, by degrees ceased, and did not again return till next morning. Purging now supervened, and the stools were inodorous and unhealthy. On the following day, the vomiting was attended with much anxiety and great prostration of strength, and a sensation of tightness at the throat.

"The day after the above patients were seized, a domestic, who had also eaten of the *bouilli*, became dangerously ill, with extreme exhaustion—feeble, whispering voice—pulse scarcely to be felt—involuntary twitchings of the muscles—vomiting and painful purging. She died thirty-six hours after seizure. Also a beggar, who had applied to the first patients for charity, had received some of the *bouilli*, which he voraciously devoured. Soon afterwards violent vomiting and purging, extreme thirst, and universal tremors, came on, and were succeeded by a state of coma. He,

however, slowly recovered ; but not so M. and M^{me} Caillette, who lingered, the former for thirteen days, the latter for four weeks. Before death, they both suffered much, from a sense of burning in the throat, dysphagia, fever, aphthous ulcerations on the mouth and tongue, and a remarkable insensibility in the hands and feet ; in short, the symptoms of chronic gastro-enteritis. Dissection revealed nearly the same appearances in all three, viz., marks of vivid inflammation in the stomach and duodenum, and a morbid development of the glandulæ Peyer and Brunneri in the ileum.

“Of the two medical attendants, one suspected that poison had been swallowed, the other referred the disease to a choleroïd diathesis. Some of the ejected matters, and also the stomachs of the deceased, were sent to Orfila for examination, and the presence of arsenic was speedily detected by him in the vomitings of the domestic, but not in those of the master and mistress. This is not surprising if we consider the lapse of time between the seizure and death. It is to be remarked that a packet of arsenic was afterwards found in the house of Caillette, and it is supposed that it had been used for salting meat.”

Another fatal case of accidental poisoning occurred in St. George's Hospital. The subject, B. Collins, aged 63, by occupation a smith, was admitted under the care of Mr. Brodie (now Sir Benjamin) August 27, 1828, for cancer of the tongue of eight months' standing, confined to the left half of the organ, which was firmly fixed within the teeth, greatly hardened, and ulcerated deep enough to receive the extremity of the thumb ; glands on the left side, beneath the jaw, enlarged, one or more ulcerated ; on right side of neck enlarged also ; sallow ; flow of saliva prevented much sleep ; appetite not much impaired, but nothing save liquids could be swallowed ; tongue could not be protruded. The whole case presented a hopeless and pitiable picture of scirrhus of the tongue. No remedy had in the least retarded its progress—and as diseases of the tongue occasionally yield to the powers of arsenic, Mr. Brodie decided to give it a trial, and directed at first a small dose (five drops three times a day, to be gradually increased) of the liquor potas. arsenitis. At the end of eight days the patient had taken one hundred and fifty drops, containing but one and one quarter of a grain of arsenic. The medicine was then discontinued ; the patient died six days after.

Dissection.—The left half of the tongue was eaten away by ulceration ; a section of the tongue discovered a scirrhus tubercle imbedded in its right side, though the part appeared sound externally ; the soft palate was ulcerated, and the parts in the neighborhood were greatly inflamed. The mucous membrane of the stomach was a little inflamed, and its rugæ blackened, &c.

Mr. Brodie remarked in the dead-house, and the remark was concurred in, that the death of the patient would appear to be immediately owing to the remedy, rather than the original disease. It is true that the quantity taken was small, *one and one quarter grain in substance*, but then it should be remembered, the patient was prevented from taking solid nourishment, and labored under spontaneous salivation at the time—circumstances calculated to favor absorption. It is known that salivation is not

an unfrequent consequence of poisoning by arsenic. In this case the salivation which previously existed was certainly increased. It is probable that this unfortunate event saved the poor man from weeks or even months of disgusting and irremediable misery.—*Med.-Chi. Rev.*, Vol X., p. 170.

Poisoning by the Fumes of Arsenic.—This man, a manufacturer of the blue pigment used in painting China, and his servant, were engaged in boiling a mixture of nitric acid, of cobalt, and of arsenic. All of a sudden the matrass burst with an explosion, and the room was filled with the fumes of arsenic (cobalt being arsenic in another form). The servant leaped out at the window, and thus saved himself; his master was less fortunate—he was knocked down and found himself incapable of rising; he lay on the floor till the servant returned by the door to drag him out. After eight days of most severe suffering, he died; his body had become enormously swollen. This was the case with the servant also, but in a less degree. The third day after his admission to the Hotel Dieu, he passed a large quantity of fetid gas from his bowels; the tympanitis was gone, and he experienced immediate comfort. He soon left the Hospital, well.

The cases of suicide were five; of these, three died and two recovered. They all acknowledged the deed shortly after having taken the poison, and voluntarily or by their friends applied for medical aid. One, a girl, aged 25, took about forty grains of solid arsenic, and died in fifteen hours. A little of the solid arsenic was found on the mucous membrane of the stomach. Another, aged 22, took, it was reported, an ounce; an hour after, was made to vomit freely; had violent diarrhœa, prostration, coma, and cramps in the legs; died in seventeen hours after taking the poison. In this case there was no thirst; in the other, unabated thirst. In this case great diarrhœa, and none mentioned in the other. In this case the mucous membrane was ulcerated; in the other it was thickened, three quarters of an inch in some places, and surrounded by a dark margin of extravasated blood. In this case no arsenic was found; in the other, some little grains of arsenic were found imbedded in the mucous membrane, and in this case not a trace of arsenic was discoverable in the highly inflamed stomach and intestines, but arsenic was detected in the matters vomited. This patient took an ounce, the other forty grains. This one lived seventeen hours, with violent diarrhœa; the other fifteen hours, without any diarrhœa. The post-mortem took place twenty-six hours after death, in this case; the time not stated in the case where the patient took forty grains.

One other of the suicides took an ounce, and died in nine hours; it is not stated that any was found in the stomach, which was much inflamed and a portion of the mucous membrane removed, probably by the tube of the stomach pump.

The two that recovered were treated with hydrated peroxid of iron; one of them took a drachm and a half of arsenic. The other, a female, who had been long drooping from severe chagrin, took about one drachm, just after dinner, fortunately on a full stomach; one hour after taking it she began to vomit violently, and it is probable a considerable part of the poison was ejected from the stomach with the food. Dr. Deville was sent for, and suspecting poison, which she confessed, treated her to one half

pound of hydrated peroxid of iron. Five hours elapsed from the time of taking the poison before the remedy was procured from the chemist; in the mean time the abdomen was leeches and a large poultice applied. In three or four hours after the iron was given, she began to mend, and ultimately recovered.

The cases of murder are similar in this point, that they were perpetrated by their attendants; two of the murderers were females, the sex of the other not stated. These cases are similar in another point—all three were buried without suspicion of poison. The first case was disinterred fourteen months after death; it occurred in Bristol, Eng., 1834; published in 1835 in the *Med.-Chirurg. Review*, Vol. XXII., page 463.

“Clara Ann Smith, a lady of penurious habits, had accumulated some money; went to lodge with Mrs. Burdow, Trinity st. Bristol. Having taken cold, she was attended by a little girl, who in the end turned out to be a very material witness. During the old lady's illness, her landlady, Mrs. B., administered to her a basin of gruel, which the girl observed to be of a brownish color; soon after taking which she vomited, had dreadful pains, and died in the course of the night, without medical advice; she was privately interred, unknown to her relatives. Fourteen months after, suspicions were excited, and the magistrates ordered exhumation and chemical analysis. Dr. Henry Riley made the post-mortem, and Wm. Herapath, lecturer on chemistry at the medical school, Bristol, undertook the chemical analysis, which he performed very ably.” The manner in which the whole investigation was conducted, reflects great credit on the professional gentlemen concerned, and I would refer to it as a model case, to be read by every medical man and coroner in the land. “The stomach contained half a drachm of orpiment (sulphuret of arsenic), one hundred parts of which consist of ninety-four parts of arsenic and six of sulphur. The body was well preserved; there was considerable water in the grave, which covered part of the breast, the abdomen and the whole of the legs and arms. The parts beneath the water were turned into adipocere. In separating the small intestines from the duodenum, they noticed a considerable quantity of a yellow substance, covering the mucous membrane of the latter, and were surprised to find that the whole of this canal presented an extraordinary degree of firmness, and was slightly decomposed; it was as firm as that of persons who die in an ordinary way, and who have been dead but a few days; the liver had shrunk to a fourth or fifth of its natural size, not thicker than his hand. The result was, the jury agreed upon the verdict of guilty, and Mrs. Burdow was executed.”

“The second case of murder occurred on the Continent; three months after interment, suspicion arose from some cause, exhumation followed, and Orfila detected arsenic.” Johnson does not give further particulars.

“The third case was examined by Orfila, three years after death, with the same result. The woman, La Mothee, was to be universal legatee to the deceased. She died suddenly; public rumor gave the alarm of poison, but the authorities took no steps, although she was known to have arsenic in her possession. Three years after, she became so notoriously bad, that the magistrates caused the body of Madame Chevalier to be disinterred, and the great toxicologist found arsenic very readily. Trial fol-

lowed, and the Court of Assizes, March 17th, 1837, at once condemned her to perpetual imprisonment, just three years and a half after the deed. The amount of arsenic found, not stated."

Dr. Clark, No. 204 Hanover street, Boston, attended the well-known case where an inebriate, in the presence of his wife and one or two others, took near half an ounce of arsenic. He was made to vomit freely from the poison and the remedies. Took freely of hydrated peroxid of iron, but died in six or eight hours. Only three or four grains weight of arsenic was found in his stomach after death. Although the half ounce was taken in substance, only one or two minute particles (not half a grain) were found in substance; it was dissolved and suspended in six or eight ounces of liquid, which was all the stomach contained. The examination was made twenty-four hours after death. The stomach was highly inflamed and ecchymosed, the spots resembling those of the tiger lily.

Geo. T. Kinney died in the summer of 1840, after sixteen or eighteen hours' severe purging and vomiting. The post-mortem was made four or five hours after death; the stomach inflamed *highly*, and ecchymosed in patches. The fluid contents, amounting to about a pint, contained in solution ten grains of arsenic; the intestines contained nothing, and were as clean as if just washed out. The only suspicious articles he was known to have taken were, 1st, pills from Dr. Batchelder for secondary syphilis, which he is reported to have taken for five days previous to death. In the Hospital St. Louis, Paris, where arsenic is given occasionally for diseases of the skin, it is increased gradually, when necessary, to the amount of one quarter of a grain at a dose, when it soon has to be laid aside from the fever it excites, and the paralysis of the extensor muscles of the hand which it induces. If Dr. B. gave him one grain a day, which is a very improbable amount, we then have but five grains. The other suspicious article was, 2d, a bowl of sage tea, about eight hours previous to death, in the bottom of which, as the last of it was drank off, a white sediment was perceptible.

As it is at present unknown how the arsenic came in his stomach, except from circumstantial or presumptive evidence, we are therefore not called upon to decide whether it should be set down as accidental poisoning, suicide or murder; but if we look at what we do know in this case, and compare it with what we know in these other cases reported above, we shall see that among all these thirty-five cases of poisoning, there is but one case where so large an amount of arsenic was found after death, and that is the case of Mrs. Clara Ann Smith, where the poison was supposed to be mixed up with the gruel, and she died in less than eight hours after. In the case of suicide at the north part of the city, the man took about half an ounce of arsenic, died in eight hours, and only three or four grains were found in his stomach. Dr. Clark informs us that the same man attempted his life once before, and took about two drachms of arsenic, but Dr. C. succeeded in saving his life. The girl who took forty grains lived fifteen hours, and only a few grains were found in her stomach. The other, who took an ounce, and lived seventeen hours, got rid of all her arsenic, as not a trace of it could be detected. The other suicide, who also took an ounce, lived but nine hours, and it is not mentioned that

any was found in the stomach. The man who had cancer of the tongue and died in St. George's, had discontinued the medicine six days previous to death; consequently not a trace of it could have been detected in his system, should it have been attempted, although the traces of inflammation remained in the stomach after death. Christison records a case where a man eat the arsenic in lumps, about three drachms, and died in six hours; half a drachm was found in the stomach after death. In those cases where ten or more grains are found in the stomach after death, the presumption is, that the fatal dose was large and preceded death but six or eight hours. Three drachms to an ounce would be considered large; forty grains a small quantity, and death would more slowly follow; thirty grains in substance is the smallest quantity Christison has known to produce death in an adult. But if administered in solution, a smaller dose will be fatal, from six to twelve hours.

In the twenty-five cases of accidental poisoning, five died and twenty recovered. The largest fatal dose is not recorded; the smallest was one hundred and fifty drops of Fowler's mineral solution; but this was a very unpropitious subject. We have known a female to take one hundred and eighty drops in three days; it produced active vomiting and purging, with severe colicky pain, continuing thirty-six hours, when it subsided; it was *not* attended with thirst, or burning heat in the throat, and the patient was soon well. The quantity was much too large; it was given for disease of the uterus.

The discovery by M. Bunsen, 1835, in Germany, that the per or tri-oxid of iron was an antidote, has caused quite a diminution of the deaths which were formerly recorded from arsenic. The hydrated peroxid is now used, and is easily made; in default of that, the common carbonate of iron, a teaspoonful in an ounce of chalk mixture, given every three or five minutes, has in some cases succeeded admirably—especially if the dose does not much exceed a drachm of arsenic, and is taken on a full stomach. Seventeen of the cases were so treated, and successfully; a few in England, and the rest on the Continent. But if the dose is large and the stomach empty, or the arsenic is in solution, nothing can save them. So rapid are its effects that M. Orfila lately, in one of the amphitheatres of the Faculty of Medicine, before the members of a committee of the Academy, and a numerous audience, at one sitting, introduced a number of dogs and poisoned several of them in their presence, some by introducing it into the stomach, in others by inserting it under the skin in the cellular tissue; the latter method was the most rapidly fatal. While the poison was being absorbed, he explained the manner he intended to prove the positions set forth in the programme distributed to the audience. He stated that the poison is rapidly absorbed and mingles with the blood, and is thus carried through all the organs of the body; that the poison remains a certain time in the substance of the different viscera and of the muscles, where its existence can be demonstrated by chemical process; but that from the time of poisoning, a portion of that which has been absorbed leaves these tissues, and is eliminated by the urinary secretion. He then proceeded to prove the statements made in the programme: we will record two of them only.

1st. The urine of the *dogs poisoned*, yielded, when submitted to Marsh's apparatus, distinct traces of the metallic salt. The urine of the dogs not poisoned, yielded no trace when submitted to the same experiments.

2d. A small portion of the liver of the poisoned animals having been previously charred with nitric acid, and the residue introduced into the apparatus, yielded numerous spots of arsenic; while the entire liver, spleen and heart of a dog not poisoned, but killed by hanging, on being submitted to the same chemical treatment, did not exhibit any trace of the metal.

Yours,

T.

SUBCONJUNCTIVAL METHOD OF OPERATING FOR STRABISMUS,
WITH CASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a recent communication in the Medical Journal, I alluded to the subconjunctival method of operating for strabismus, introduced by M. Guérin, of Paris. At the suggestion of Dr. John C. Warren and others, I have given this method a trial in two cases, and in another instance I have seen it applied with entire success, in a case of much interest and importance, by Dr. J. Mason Warren.

The subconjunctival mode possesses, in my opinion, strong claims to a more extended trial, and I should be happy if this imperfect notice should have any influence in directing to it the attention of the profession. In doing this operation, it is particularly desirable that the patient should have considerable firmness of character, and a good degree of control over the motions of the eyeball. In the cases which have been operated upon according to Guérin's mode, there appears to be little or none of that unpleasant gaping or preternatural space at the internal canthus, which disfigures, in some instances, the aspect of those who have undergone the usual operation with the blunt hook and scissors. If, as I have supposed, this gaping occurs from a retraction or shrinking of the semilunar fold and adjacent cellular membrane, favored, perhaps, by a too free division of the parts which connect the front part of the globe with the fold and caruncle, it will be reasonable to suppose that the subconjunctival operation will obviate, or at least diminish, the difficulty. Even if it is occasioned by an increased prominence or protrusion of the globe—the effect of the combined action of the oblique muscles, the opposing or restraining force of one of the recti being abolished—may it not be possible that the preservation of the tunica conjunctiva, with some portion of the subjacent cellular membrane, may tend to lessen the deformity referred to?

Another advantage resulting from this mode, and one which it has in common with subcutaneous operations, though in a less marked degree, is the diminished risk of inflammation, and the impossibility of suppuration, from the absence of an open wound after the operation, the patient being able to go abroad in a short time without inconvenience or fear of injury.

On the other hand, it may be objected to Guérin's operation, that the

operator can never feel certain that he has accomplished the object in view, viz., the section of the muscle or tendon in fault; secondly, that the use of the double hook to confine the eye, causes much pain and increases the probability of inflammation; and thirdly, that it is followed by extensive ecchymosis, which affects not only the cellular tissue beneath the conjunctiva, but also, in some instances, the same texture in the lids. With respect to the uncertainty of the division of the tendon, we have in proof of its being effected, the evidence of the patient's inability to turn inward the eye operated upon, beyond or much beyond the median line; and the perfect correspondence of the two eyes in regard to position, when an operation has been performed for strabismus affecting one eye only. Experience, and a certain tact derived from the habit of operating, may afford to some operators additional evidence that the muscle has been divided. Extensive ecchymosis may occur in whatever mode the operation may be done, and is unworthy of notice, excepting as a temporary blemish on the patient's looks.

The details of M. Guérin's operation, kindly furnished me by S. Cabot, Jr., M.D., are as follows: The patient lying on a bed or sofa, with his head slightly elevated, both eyelids are separated by an assistant; the operator now fixes, with his left hand, the double hook (so constructed that the points or prongs are nearly at a right angle with the shaft) into the sclerotic, about two lines from the internal margin of the cornea, and everts the eye and keeps it steady; a second assistant raises, with a fine hook, a fold of the conjunctiva, half way between the cornea and semilunar fold, and the operator, with a common eye-scalpel, makes an opening through that membrane on a line with the inferior margin of the muscle, carrying the point backward or towards the orbit, and endeavors to open or puncture the investing sheath or fascia; then substituting for the straight knife, one adapted to the peculiar mode of the operation, he passes it beneath the conjunctiva, with the side of the blade pressed nearly flat upon the sclerótica, and the handle of the instrument being gradually depressed, insinuates it under the tendon; then turning the cutting edge forward and inward, he divides the tendon, already made tense by the everting of the globe. When the division takes place, under these circumstances, a crackling or snapping sound is plainly heard, as in the operation for the division of the tendons in other parts, and an ecchymosis more or less extensive instantly succeeds. If both eyes now become straight, and more especially if the patient is unable to turn the eye operated upon inward much beyond the median line, the section may be considered as completed. Of the knives used by M. Guérin, it is not in my power to give any satisfactory description. They may be had of George Tieman, surgeons' instrument maker, Chatham street, New York, and of Mr. Phelps in this city.

CASE I.—J. Q. Hammond, of Nahant, æt. 24, has double, or rather alternating convergent strabismus, which is supposed to have existed from birth; no other member of the family, however, being affected with the same deformity. The power of vision in each eye is nearly the same, and the obliquity can be made to alternate from one eye to the other at the will of the patient, who by this means relieves either organ when fa-

tigued by exertion. For the most part he has made use of the right eye, the opposite one being then very much inverted; but when his attention is not closely fixed upon any object, there appears to be also a slight inversion of the right eye. In looking at any person or object placed at either side, Mr. H. invariably makes use of the eye farthest from the object. The irides are of a blue color, and the state of the pupil and the motions of either eye singly, are normal.

August 22d, 1841. Assisted by Dr. Wigglesworth, I performed the subconjunctival operation for the division of the internal rectus muscle of the left eye. I varied from the rules described above, by making the opening through the conjunctiva myself and before fixing the eye with the double hook, as Dr. W. was occupied in separating the lids, and I also passed a curved probe under the tendon before introducing Guérin's knife. Upon dividing the tendon, a crackling or snapping noise was distinctly heard both by those engaged in the operation and by the patient. Considerable hemorrhage took place from the incision, with instant ecchymosis. The patient being requested to turn the eye inward, could effect this motion a little beyond the median line only. Both eyes being unclosed, the left was straight, while the right was slightly inverted. He was directed to apply a compress wet with iced water, and to take an active cathartic. Eight hours after the operation, the patient states that he has remained free from pain. There has been some hemorrhage.

23d. Left eye quite straight; ecchymosis is considerable, and the incision through the conjunctiva is closed apparently with cellular membrane and coagulated blood. Has had no pain or inconvenience, excepting upon moving the eyes suddenly. Looking with both eyes, causes some giddiness. May close the right eye, and use the other alone.

4th day. Left eye is doing well, and he can now turn the globe inward decidedly beyond the median line. The patient was directed to *practise turning the eye operated upon, towards the internal canthus* for a certain space of time *each day, until he should regain, so far as is possible, the power of motion in that direction*, of which the eye was deprived by the division of the tendon. He has no longer any giddiness, and has both eyes unclosed.

7th day. The patient has carefully followed the directions prescribed at the last visit, and *can now turn the eye well into the inner canthus*. The ecchymosis is diminishing rapidly, and he is now able to return to his business.

16th day. The ecchymosis has disappeared, and the direction of the eye continues perfect. A small tumor, attached by a pedicle, has grown from the aperture of the conjunctiva; this was removed with scissors, and did not return.

Sept. 22d. The left eye presents a scarcely perceptible protrusion or increased fulness of the globe, compared with its state previous to the operation, but there is little or none of that gaping appearance at the internal canthus, which usually occurs after the common mode of operating. This eye is now perfectly straight, and *retains the power of being moved in all directions natural to the organ*. Since the operation, Mr. Hammond informs me that he has used the eye operated upon in preference

to the other, in consequence of the increased facility of its motions. He proposes, at a future period, to have the operation performed upon the right eye, which still remains somewhat inverted.

CASE II.—Miss L. L., Taunton, æt. 20, has had, from infancy, in consequence of convulsions, strabismus convergens of the right eye. The obliquity in this case is not extreme, but is sufficient to affect the looks decidedly, and to cause also an imperfection of vision in the strabismic eye. The eye affected cannot be turned outward so far as is natural in the sound organ, and the pupil, when the other eye is closed, is preternaturally dilated. The irides are of a hazel color, and the eyeballs are well formed.

Sept. 7th. Assisted by Drs. J. M. Warren and S. Cabot, Jr., I divided the internal rectus muscle of the right eye, the steps of the operation being the same as in Case I. But finding, upon withdrawing the knife, that the patient possessed still the power of turning the ball inward much beyond the median line or centre of the orbit, the knife was introduced a second time, and a more complete section of the muscle and cellular membrane was effected. Both eyes being unclosed, the eye operated upon was found to be in the centre of the orbit, as well as its fellow, and no exertion of the patient could move it at all inward; while at the same time the motion outward was perfectly restored. The cellular tissue at the internal canthus was engorged directly with blood effused from the divided muscle, and presented a livid-colored tumor or swelling, which extended to the inner margin of the cornea. Compresses wet with cold water were applied upon the eye, and repose in a darkened room was advised.

8th. Both eyes are straight, and there is no pain nor any appearance of inflammation.

10th. The right eye is now somewhat inclined outward, when the sound eye is directed forward, having been hitherto, since the operation, in a correct position. The patient was enjoined to *practise turning the eye operated upon strongly inward*, the motions of the sound eye being controlled for the time being by pressure with the hand or with a compress and bandage.

14th. Looking with the sound eye forward, the eye is now in the centre of the orbit, and the patient can turn it inward to half way between the centre and the internal canthus. May continue to exercise the eye as directed on the 10th.

As Miss L. returned to the country on the day of the last visit, I am unable to state anything respecting the present appearances of the eye, but I have little doubt of the final result being favorable in her case.

Boston, Sept. 24th, 1841.

Yours with respect,

EDW. J. DAVENPORT.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 6, 1841.

ANONYMOUS CRITICISMS ON MEDICAL PRACTICE.

WE frequently get misled or imposed upon by false intelligence. Individuals sometimes relate to us as truths, with becoming sincerity, things that really have but little foundation in fact, but enlarged and magnified in importance by the vivid representations of those who seem to think they are conferring favors by being tale-bearers for the public in general. These remarks are elicited by a recollection of the manner in which we were duped, a while since, in listening to the representations of an individual who was presumed to be a gentleman, in relation to the report of the case of the late President Harrison. Having ascertained that envy or malice, if not both, prompted whatever may have been said to the disadvantage of the author of that paper, we take the earliest opportunity to express our regret at having in any way been instrumental in injuring his feelings or those of his friends, if such was the effect of our remarks in the Journal of August 18, which was never in any way intended. It was not our intention in those observations to rebuke the author, for whom we entertain the most perfect respect as a gentleman and physician. We shall hereafter refuse to admit criticisms on the practice of any physician, which have not the writers' names appended.

As an act of justice, we copy the following paragraph from the Philadelphia Medical Examiner, in which publication, it will be recollected, the report first appeared.

"As to the first charge or insinuation, we would state that the report was sent by Dr. Miller directly to us, and was not even altered to the degree which is perfectly justifiable without interfering with the tenure of the article. It was not touched, except some insignificant verbal changes, which every proof-reader feels himself bound to make. The report carries with it internal evidence of not being got up; it was evidently not originally intended for publication, but was merely printed after its publication had been asked for. As to the implied statement that the prescriptions were altered by the author, his character and that of the consulting physicians is more than sufficient to shield them from insinuations of so contemptible a nature."

Medical Lectures in Boston.—On the first Wednesday in November, the lectures at the College in Mason street will commence. It is almost unnecessary to direct the attention of students to this Institution, now so well and extensively known over the United States. It seems impossible that medical instruction could be given by men more learned in their several departments, than the gentlemen whose names are to be found in the circular and annual advertisement. For clinical advantages and anatomical pursuits, surely no place can offer higher inducements, nor can students graduate from any university with a better badge of literary and scientific merit, than is conferred by Harvard University—the oldest College on the Continent of America.

New York University Dispensary.—It was somewhere announced, the other day, yet we hardly know on what authority, that the surgeons of the Dispensary, which has made such a figure in the New York papers, do not wish any more of those exciting reports to be made, which have been so currently circulating all over the Union of late.

When speaking of this same Dispensary, in the Journal, a little time since, we intended to be understood as strictly having reference to *dispensaries*, and not to *hospitals*—for we contemplate them as entirely different in their objects and character. The one is a home for the sick—the other is but a caravansary, where the patient may stop from necessity, till the storm, that obliged him to seek a temporary shelter, has passed over.

Kemper College.—At St. Louis, Missouri, a medical school has grown into public favor within two years, which seems destined, ultimately, from its location, aside from the merits of the faculty, to become an important institution. There are five chairs, ably filled. Dr. McDowell, the anatomist, formerly of Cincinnati, teaches anatomy and surgery. Dr. De Wolf, formerly of Brown University, is the professor of chemistry and pharmacy. Drs. John S. Moore, R. F. Barrell, and Wm. C. Lane, all eminent in their several departments, belong to the board of instruction. Lectures commence the first Monday in November, and end in February. There are two dissecting rooms, forty-two feet long, by thirteen wide, quite after the Parisian order. We wish the school all possible success.

Explanation of being Left-handed.—From some observations made by Dr. J. R. Buchanan, of Little Rock, Arkansas, reported in the American Phrenological Journal, it appears that if a person is left-handed, the fact may be pretty certainly ascertained by the inequality in the size of the right and left hemispheres of the brain, as exhibited in the conformation of the skull. By analyzing the skull of William Morgan, who was executed for the murder of a man by the name of Pelton, all the circumstances of which were unknown to Dr. Buchanan, he distinctly said that “in this skull we find, by the developments, that the process of thought was carried on most vigorously in the right hemisphere of the brain; that the left eye was more vigorous than the right, and the left ear a little superior to the right. As to his arms, we are not able to assert positively that he was left-handed, but at least it is certain that he had unusual vigor and dexterity in the use of the left hand, as much as the majority of persons have in the right.” It was well established that Morgan always took aim with the left eye, and fired a gun with the left hand, and became left-handed in consequence of always supporting a crutch with the right hand, while the other was at liberty to be used.

Iodine in Consumption.—We occasionally observe, in the English journals, notices of the successful treatment of phthisis, or that which passes under the name of phthisis, by the inhalation of iodine. The following is one of them, and is related in the Lancet by Dr. J. Wilson, of London.

“I was requested to see Edward Jones, Moore street, Bryanston square, in February last, who I was told was in the last stage of consumption; and certainly I never saw a case more strongly to justify such a conclu-

sion ; by trade a baker ; he had the pallid cast of countenance peculiar to that class ; of a plethoric habit of body, but then considerably emaciated. I found he had been ailing for some months, and had tried various remedies from dispensaries, and otherwise, without effect ; and on examination I considered his case quite hopeless. The symptoms indicated a high degree of hectic fever ; pulse 120, and upwards ; animal heat 102 ; dyspnoea so oppressive that he could not lie in the recumbent position, but was obliged to rest in a semi-inclined posture, in an arm-chair, all night ; night-sweats excessive ; feet œdematous ; face much bloated, and countenance expressive of extreme agony, through fear of immediate suffocation ; expectoration of puriform matter tinged with blood, upwards of two pints daily. By auscultation and percussion pulmonary ulceration was well marked ; pectoriloquy cavernous ; respiration in the superior lobe of the right lung was distinct, and on applying the cylinder over the middle portion the respiration was bronchial, but less so towards the inferior lobe. The left lung was not so much diseased, the clavicular region only being affected, which was shown by dulness on percussion, and a want of the natural respiratory murmur. The rest of the lung was sound, with puerile respiration. From the above facts, I placed my sole confidence in inhalation and counter-irritation to give relief. Having by me some of the saturated tinctures of conium and iodine, prepared by Mr. Carter, of Dorset street, Surgeon to the Institution for Asthma and Consumption, I commenced inhalation in small quantities, increasing the strength as the patient could bear it. The effect, after a week's trial, was most gratifying ; the pain and irritation in the chest had considerably subsided, and he was now enabled to enjoy some tranquil sleep, which was unknown to him for many weeks before. He persevered unremittingly for eleven weeks, and by that time nearly all the symptoms I have enumerated had gradually subsided. From the onset he expressed the utmost hopes and confidence in the remedy, and I am now happy to say is enabled to return to his work. When able to take it, he was ordered a light nutritious diet, with beer, and the avoidance of all slops."

Division of Muscles for the Cure of Stammering.—As this operation is exciting considerable attention in this country as well as in Europe, we copy the following case, which purports to have been a successful one, as related by Dr. A. J. Lizars, of Edinburgh.

"P. M., aged 35, had stammered from his infancy. The difficulty was evidently caused by spasmodic contraction of the muscles of the tongue and neck. The tongue, upon examination, was found to be shorter than natural.

"The instruments employed were a straight sharp-pointed bistoury ; a curved probe-pointed bistoury, with the cutting edge about an inch long, the remainder of the blade being blunt ; a four-headed sling, or roller ; and a compress of lint.

"The patient having been placed in the sitting posture, with the sharp-pointed bistoury I made a puncture, rather less than a quarter of an inch in length, through the integuments of the lower part of the chin, about an inch posterior to the symphysis. I then pushed the curved bistoury gently upward and a little forward, until I saw its probe elevating the mucous membrane of the floor of the mouth ; placing the forefinger of my left hand upon the probe-point and mucous membrane, I turned the

cutting edge of the instrument to the right, and divided the muscle of that side; the bistoury was then carefully brought back to the mesial line, and the other muscle having been divided in a similar manner, the instrument was withdrawn. The compress of lint was then placed on the wound, and the four-headed sling applied in the same way as is done for fracture of the lower jaw.

"Very little blood was lost during the operation; and after its completion the hæmorrhage was entirely stopped by the compress and bandage. Everything went on favorably; the bandage was removed on the third day, by which time the wound had healed; and the patient resumed his usual occupation on the fourth day.

"Immediately after the operation the patient experienced no difficulty in speaking, and the same has continued since. Upon examining the mouth after removing the bandage, blood was observed beneath the mucous membrane in the line of the submaxillary ducts; this was absorbed by the tenth day, and the patient was completely cured."

Morbid Anatomy of Milk-sickness. By DR. J. V. WAGMAN, of New Castle, Ind.—The dissection was made fifteen hours after death. The body was not much emaciated. The skin had a dusky yellow hue. The brain and its membranes exhibited nothing remarkable, except perhaps more than the usual quantity of serum in the ventricles. The stomach presented a number of patches of light brown and scarlet colors mixed. In some places the mucous membrane was thickened and soft. The pyloric orifice was of a scarlet hue. The mucous membrane of the duodenum presented the same kind of patches with that of the stomach; and some parts were dry. The bowel itself, as well as the lower part of the stomach, was much contracted. The other small intestines were pale; the mucous membrane was softened, many portions of it were dry; the glands of Peyer and Brunner were swollen and soft, and some of them appeared to be ulcerated. The cæcum was dry. The colon contained hardened fæces, on which it contracted closely; was drier than other portion of the tube; its color was a dark brown, with rose-colored patches. The liver was of a dark color and seemed unusually friable under pressure by the fingers; the gall-bladder was much distended with a black pitchy bile. The pancreas was of a rose color and appeared rather soft. The spleen was much enlarged, of a deep brown color, and very soft. The peritoneum had reddish spots, and there was some increased effusion into its cavity. The kidneys, bladder, heart and lungs were sound.—*Western Journal of Medicine and Surgery.*

Medical Degrees in Harvard University.—The medical degree was conferred during the last academic year, in Harvard University, on Henry Jacob Bigelow, A.M., *Comparative Anatomy of the Respiratory Organs.*

Samuel Hutchins, *Nutrition.*

Jos. Dean Nichols, A.M., *Dysmenorrhæa.*

Samuel Trull, A.M., *Pneumonia.*

John Francis Tuckerman, A.M., *Acute Pericarditis.*

Samuel Leonard Abbot, Jr., A.M., *Organs of Circulation.*

Wm. Augustus Briggs, A.M., *Dislocations.*

Otis Everett French, *Amputation.*

Charles Francis Foster, A.M., *Strabismus*.

William Wallace Morland, A.M., *Perforation of Intestines in Typhoid Fever*.

William Thornton Parker, A.M., *Vitality*.

Erastus Otis Phinney, A.M., *Phthisis Pulmonalis*.

William Henry Prince, A.B., *Scrofula*.

Ira Sampson, A.B., *Dysentery*.

Henry Stone, A.M., *Strabismus*.

Henry Ware Wales, A.M., *Progress of the Heart*.

W. CHANNING, *Dean*.

MARRIED,—In this city, Charles F. Foster, M.D., to Miss Emma Bradford.—At Lancaster, William W. Wellington, M.D., of Cambridge, Mass., to Miss Elizabeth L. Carter.—At Gorham, Me., Dr. N. W. Oliver, of Boston, to Miss A. M. Shaw.—At Hillsborough, N. C., Dr. John Swan, of Pittsborough, to Miss Frances Waddell.

DIED,—At Sanbornton, N. H., Dr. Benaiah Sanborn, 84.—At Nantucket, Mass., Dr. T. M. Morton, Collector of the Port, 58.—At Apalachicola, Dr. Martyn Snyder, a native of New York.

Number of deaths in Boston for the week ending October 2, 36.—Males, 21; Females, 15. Stillborn, 3. Of consumption, 6—dysentery, 2—gastritis, 1—dropsy, 2—delirium tremens, 1—bowel complaint, 2—stoppage in the bowels, 1—mortification, 1—liver complaint, 1—canker in the bowels, 1—flts, 2—typhus fever, 1—suicide, 1—dropsy on the brain, 1—dropsy in the head, 1—lung fever, 1—canker, 1—bilious colic, 1—diarrhœa, 2—child-bed, 2—inflammation of the lungs, 1—cholera morbus, 1—teething, 1—cholera infantum, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of the Society on Wednesday, the sixth of October, at 11, A. M., at their room, Masonic Temple, Tremont street. S. 22—tm

GEORGE W. OTIS, JR.

Recording Secretary.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep. 8—eoptf.

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.

JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.

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Aug. 11—6w

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DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

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UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	- - -	NATHANIEL CHAPMAN, M.D.
Chemistry, by	- - -	ROBERT HARE, M.D.
Surgery, by	- - -	WILLIAM GIBSON, M.D.
Anatomy, by	- - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	- - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	- - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	- - -	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	- - -	W. W. GERHARD, M.D. and
on Surgery, by	- - -	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city. W. E. HORNER,
Aug. 23, 1841. A 25—tDecl Dean of the Med. Faculty, 263 Chesnut st., Philadelphia.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$168. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by	DR. WARREN, \$15.00
Midwifery and Med. Jurisprudence, by	DR. CHANNING, 10.00
Materia Medica, by	DR. BIGELOW, 10.00
Principles of Surgery and Clinical Surgery, by	DR. HAYWARD, 10.00
Chemistry, by	DR. WEBSTER, 15.00
Theory and Practice of Physic and Clinical Medicine, by	DRS. WARE and BIGELOW, 15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

S 1—eptN

WALTER CHANNING, Dean.

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND SESSION of this Institution will commence on the first Monday of November next. The faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.

H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.

CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.

THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A25—tN

THOS. E. BOND, JR., Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
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VOL. XXV.

WEDNESDAY, OCTOBER 13, 1841.

No. 10.

VARICOCELE, AND EXTIRPATION OF THE TESTIS, WITH REMARKS
UPON THE RADICAL TREATMENT OF VARICOCELE.

BY PROF. F. H. HAMILTON, ROCHESTER, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Feb. 10th, 1838, I. Harrington, of Chatauque Co., aged 23, applied to me for advice in relation to a very large varicocele (I employ the term varicocele as generic, including circocoele) of left side, which had existed several years, was seldom free from pain except when he was asleep, and which during most of the winter wholly disabled him from all labor. Left testis diminished—health tolerable.

Operation, in presence of Drs. Fosgate and Palmer.—First incision from external ring to base of scrotum; the cord was then partially divided, two arteries and one vein tied, and the operation completed by severing the balance of the cord, and dissecting out the testis with its mass of enlarged veins. *Dressing*—sutures, lint and T bandage. The wound healed kindly, and he is now sound and healthy, and has repeatedly assured me that his *virility* is *unimpaired*.

CASE II.—July 2, 1841, I. W., of Steuben Co., aged 23, applied with varicocele of left side, which commenced about three years since, and is now larger at times than a hen's egg. He has suffered immensely with pain extending into the loins: the left testis is sensibly enlarged, but in other respects normal; while the right is diminished one half, in consequence, as he thinks, of a metastasis of mumps some years since.

Operation, in presence of Drs. Patchen, Green, Smith, Brown, &c., the same as in the first case, except that four arteries and five veins required the ligature in and about the cord. Wound closed by first intention, and he left for home in two weeks after the operation was made. In a letter written lately he states that he is well and *his virility perfect*.

Remarks.—It is curious to note the various and contradictory opinions entertained by surgeons in relation to the radical treatment of varicocele. It is curious mostly as showing how any self-erected doctrine darkens the vision; so that whoever has built a theory sees only by its reflected light, and every intervening object bears its impress and lineaments, true as the offspring to its parents. If facts clear and convincing as the sun at mid-day are thrust between the inventor and his theory, if seen at all they are only to his eye circumstances which give increased strength and brilliancy to his own doctrine.

In regard to varicocele, all agree that it does not get well spontaneously,

and that it occasionally, in certain cases, requires an operation for its radical cure ; what those extreme cases are, I shall not stay to indicate. All agree that danger attends most attempts at radical treatment, and all declare that one mode only is unattended with danger ; but as to what that one mode is, all have disagreed. There is a balm, but whether in Physick or Velpeau, Davats or Dupuytren, is yet in contest.

Aetius, of the fifth century, recommended the *ligature* and caustic, for varices generally ; the former of which was by his successors denounced and abandoned, until revived in the nineteenth century by Home, Travers, Beclard, Physick, and others. Sanctioned and sustained by such high authority, it soon gained favor, but was met from other sources equally eminent with a no less zealous and determined opposition. Hodgson declares the operation often fatal. M. Delpech, in a memoir upon varicocele, published in 1831, relates three cases in which he tied the spermatic veins ; one died, and the lives of all were much endangered. And Sir Astley Cooper, in a treatise on “ Diseases of the Testes,” published in 1830, affirms that it is dangerous ; later, in No. 6 of Guy’s Hospital reports, and also in a subsequent No. of the same reports, he reiterates his charge against the operation as hazardous and not founded on correct principles. In his public lectures he always taught the same. Such, indeed, with few exceptions, is the present opinion of all the medical savans. The *modified* ligature is, however, by many still retained.

Velpeau passes a cambric needle transversely behind the varicose vessels, and then applies a ligature in the form of the figure 8 across the exposed ends of the needle. It is applicable to all varices, and is *safe*, we are told by its inventor. Its peculiarities consist in including vessels and integument in the same ligature ; and pressing upon one wall of the vessel with steel, and upon the other with silk ! Why this is better than a simple ligature, neither Velpeau nor myself choose to explain. Liston, who calls it the “ *sutura circumvoluta*,” has seen it successful, and does not condemn it ; but M. Davats thinks it very liable to fail. We humbly believe it no better than the old ligature, which has been twice thoroughly executed for its homicides.

A modification of Velpeau’s practice is found in that of M. Reynaud, reported by M. Jules Roux in 1837 and 39. The reporter had himself, at the last date, operated several times successfully for varicocele ; all his patients being cured in three weeks. Separating the vas deferens from the veins by a subcutaneous dissection with the fingers, a ligature is passed under the veins, and its two ends tied firmly over a small pad of cotton placed upon the vessels. This method possesses the sterling recommendation of extreme simplicity and no humbuggery—for we can regard Velpeau’s needle in no other light than as a surgical humbug. But how does it avoid dangerous phlebitis, if it really and effectually closes the vessels ? That in this respect it has not a whit the advantage of either of the plans mentioned, it is rational to infer. It does not answer that in a few adventures it has not proved fatal. It is not by the inquest of a day on one man that such an operation is to be tried ; and here we believe is the signal error of all who have introduced a novel practice in varicocele ; a few cases of success they deem abundant sanction for its univer-

sal recommendation, and indeed the French surgeons (by whom, chiefly, these experiments have been made) do call that success which American surgeons would not. If one in fifty die after an operation for varicocele, we affirm it dangerous: for consider that it is not to save life that this operation is made, but only to remove a serious inconvenience, and on such grounds that operation is grave which hazards life at all. M. Pichegru, the great French general, thought the life of the soldier not at hazard who had one chance in five—the French operators rate life at the same value. Convince us that not one in fifty will die after the operation, and we will talk of its safety.

Another method lately devised, is the introduction of two ligatures in such a manner as that one shall pass in front and one in the rear of the vessels, yet both entering and emerging from the skin at the same orifice; the ligatures are then tied, and the whole operation is completed without any wound except that made by the needle. In reference to this method I need scarcely say that its only merit, above others, is ingenuity. In one of the Parisian hospitals the spermatic artery has been tied, and occasionally the same has been practised elsewhere. But, as might be anticipated, it is generally followed by a wasting of the testis; and where, in consequence of the cord's being furnished with more than one artery, the testis does not perish, the varicocele continues: and that the cord has generally two, or even occasionally three or four arteries, dissection proves. This operation is therefore not to be recommended.

M. Davats, satisfied of the insufficiency or danger of all previous plans, adopted, in 1833, the principle of *acupuncture*, combined with the ligature. He employs two needles, one introduced transversely under the vein, as by Velpeau, and the other made to *transfix* the vein from before backward, and then passing in the rear of the first needle it is made to transfix the vein again higher up, and from behind forward; the two ends of the last needle are then wound with the figure-of-8 ligature. The claim upon which M. Davats's patent rests, is that by transfixing the vein adhesive inflammation is more readily and certainly induced. In 1836 he reported twenty-six cases, and all cured except one, and this one alone was attended with dangerous or serious symptoms. The Philadelphia Hospital Reports of Oct., 1838, furnish one case treated successfully by Davats's method: G. W. Norris, the able reporter, and one of the surgeons to this establishment, recommends the operation. But admitting its greater certainty, where is its greater *safety*? It is not calculated to produce a less, but avowedly a greater degree of inflammation, and we much fear that time and further experience will consign it to the same grave with its predecessors.

M. Bonnet reported, in 1833, eleven successful cases, treated by a new mode of *acupuncture*. The veins were transfixed *transversely* by a flexible pin, the ends of which were then bent towards each other, but no ligature applied; the pin being left to inflame and close the vessel, or until it produced so much pain as to prevent sleep, or had caused suppuration. Several pins were generally introduced at different points at the same time. But in 1839 he repudiates his own practice, and honestly confesses that it turns out to be unsuccessful—a genuine hoax!

—for the veins were not really obliterated, but only clogged, and the varices soon returned. He next tried pins introduced at sufficient intervals to produce temporary occlusion, while the portions of the veins between were daubed with caustic, to produce *permanent* adhesion. In this, however, he soon discovered dangers and defects, which led him to again modify his practice, as we shall presently speak.

Fricke, of Hamburgh, substituted for the plan of Bonnet, a simple ligature carried through the vessel with a needle, and left to hang loose, like Physick's ligature for ununited fracture: this he removes within twenty-four or forty-eight hours, according to the amount of inflammation induced. But if Bonnet's cases treated by the pin, proved in the end unsuccessful, the same fate must be predicted for the patients of Fricke—the principles are the same, and the modes scarcely varied.

M. Delpech, of Montpellier, to whom we have already alluded as having killed one patient with the ligature, instructed by such fatal experience, adopted the less hazardous, because less irritating treatment, of passing a piece of "amadon" under the veins, having previously pulled aside the vas deferens, and leaving the "amadon" there as a seton to produce slowly the requisite degree of inflammation, and a tedious cure; yet not a cure indeed, for as in the operations of Bonnet and Fricke, it must prove at length to have been but a fibrinous coagulation, and not an obliteration. The only two cases reported by Delpech are not very favorable to his new operation, since one of them nearly died from peritonitis. Poor Delpech! he was finally assassinated by a patient upon whom he operated by *excision* of the veins (having doubtless proved the other operations unsuccessful), and whose testis wasted in consequence of the destruction of its arteries. A sad warning to those who preserve a patient's life at the risk of his virility!

Compression, also, has its advocates. M. Breschet, of the Hotel Dieu, at Paris, operated first in May, 1833, and in Dec. 1834 he had practised it successfully upon numerous cases. By H. Landouzy we are told that in 1838 Breschet had made this operation in one hundred and twenty cases of varicocele, and he (Landouzy) never saw any serious consequences! The vas deferens and veins being separated from each other, a pair of padded pincers furnished with a screw is applied to the veins, and by occasional adjustment of the screw the pressure is so regulated as to destroy gradually the integuments, &c., between the blades. How much this operation resembles the bungling, pinching operation of his late illustrious colleague, M. Dupuytren, for artificial anus—the operation with the enteretome—I need not remind you. That it is exceedingly painful, none will deny. Norris tells us that it was tried in Philadelphia, but that the patient was unable to endure the torment, and revolted. By M. Davats we are informed that "compression is insufficient;" and that it is dangerous, despite the contrary opinion of Landouzy, I dare aver. Other objections, it would be competent for us to present, such as the danger of including the principal artery or arteries, and consequent wasting of the testis, hæmorrhage, &c.

B. Brodie, in varices of the extremities, makes a subcutaneous, transverse *section of the vein*, and effects adhesion of the mouths of the ves-

sels with a compress and roller. Petit and Richerand operate in a manner similar. Beclard bisects the vein, but employs a ligature instead of the compress, and does not, with Brodie, regard exposure of the veins to the air. Beclard's method (with ligature instead of compress and roller) would be applicable to varices of the spermatic cord. But two ligatures with bisection, as practised by him, can surely be no safer than one ligature without bisection, as practised by the ancients. Says Mr. Liston, speaking of the application of this method to the vena saphena, "a very effectual way of stopping the current of blood in either direction; but it was too often followed, and that very speedily, by a permanent arrest of the circulation, to be persevered in; for many patients perished in consequence of inflammation of the veins so induced." Its application to the veins of the spermatic cord cannot for any reason be judged more safe.

Dr. John C. Warren, of Boston, exposes the veins in varicocèle, by a longitudinal incision, and then bisects them at the lower and upper ends of the wound, applying ligatures to such vessels as require them. This he has practised many years, and never knew it to fail. He admits that, as a consequence of this operation, the testis *may* by a gradual marasmus disappear; and in one instance the testis and scrotum sloughed. It will be observed that this operation is the same with Beclard's, except that two incisions are substituted for one: it is apparent, therefore, that Liston's denunciation includes the favorite operation of Dr. Warren. Let them settle the controversy.

An operation, similar to those just noted, is recommended by Signor Rima, Surgeon-in-chief to the hospital at Venice: the portion of vessel included between the incisions is, however, *dissected out*—and as an essential principle of the operation, he directs that it should always be at a point of the enlarged vessels nearest the heart, quite above the varix if possible, and about one inch of vessel should be removed. In 1838 he reported thirty-four cases, of which ten only were radically cured, and two had died of phlebitis! two thirds left uncured, and one seventeenth killed! and upon such success he presumed to recommend the operation. Its own reports must seal its condemnation. But of this practice M. Briquet informs us that it was followed by the ancients, but he declares it painful, and for other reasons repudiated by modern surgeons. Gibson neither condemns nor sanctions the practice in saying he has "seldom met with cases requiring an operation of this kind."

Caustic was first recommended by Celsus, and was approved by Aetius. Lately it has been *revived* by Bonnet, the same who first assayed the needle and ligature—then the ligature and caustic, and who now adopts the caustic alone. In 1837 he had operated with the potassa fusa on fourteen cases of varicocèle, and seen no bad effects. He teaches that the inflammation produced by caustic is not that inflammation so much dreaded, which extends towards the heart, but it always limits itself by discreet bounds. Liston, however, unfortunately for its reputation, saw one case in which the patient died from the inflammation consequent upon this practice; and another in which the subject was nearly lost from hæmorrhage; and he has heard of several others. That M. Bonnet's

potassa fusa, or Mr. Mayo's lapis infernalis, possess any special ability or disposition to restrain the phlebitis within certain just and rational bounds, I doubt: and surely it would seem enough that the patient was exposed to the dangers of inflammation, without the hazard of death from hæmorrhage.

In Sir Astley Cooper's work on diseases of the testis, before referred to (1830), he *suggests the removal of a portion of the scrotum*, as a substitute for other operations, all of which had seemed to him dangerous: and in No. 6 of Guy's Hospital Reports, he relates four cases in which he had put his suggestion into successful execution; and one by Mr. Key. This is certainly a comparatively safe operation, but, as might be expected, it is only palliative, or partially radical, since it makes but a suspensory bag of the shortened scrotum: and the learned Baronet himself acknowledges that the varicocele is in general only "lessened." In one other case he *tied off* the scrotum, but it was exceedingly painful, and he does not recommend it.

Extirpation of the testis, for varicocele, has seldom been practised. B. Gooch, chirurgist, published, in 1792, a case of varicocele in which, the circumstances justifying, he castrated the man, and he got well. A similar case is reported in Vol. XXII. of your Journal, copied from the London Lancet, M. D. Thompson operator: and Sir Astley Cooper (in his memoir on diseases of the testis) admits that it is occasionally necessary, and furnishes the case of a young man who had a varicocele and slight wasting of the testis, with some pain, in which he extirpated the testis and veins. This operation is certainly not to be preferred in all cases of varicocele—nor indeed in most; yet it is at least no more dangerous than either of the radical operations reviewed, and will, I trow, never fail. As to the gentleman's virility, I believe the testis of the sound side much more likely to remain healthy, than if the opposite testis is allowed gradually to waste—as it is liable to do after either of the operations for radical cure, by obliteration, or extirpation of the veins or arteries. Sympathy with its suffering fellow will often bring on a galloping consumption in the sound organ. The few cases in which a varicocele occurs simultaneously in both sides, would of course constitute exceptions to the propriety of this practice.

Briefly, I remark, be not officious to operate upon varices of any kind—least of all, spermatic. The dangers are phlebitis, hæmorrhage, sloughing, loss of virility and assassination. I hold that veins cannot be permanently closed without inflammation, and that all modes of occlusion, whether by ligature simple or modified, acupuncture, seton, excision, compression or caustic, are alike liable, in certain constitutions and under certain circumstances, to fatal phlebitis. Where, therefore, all have a complement of dangers, it is difficult to adjudge a preference; only as any certain mode by its simplicity and certainty may recommend itself. Nothing can be more simple and easy of application than the plan of M. Reynaud; and than some others, it is more certain—yet not certain. It is also quite as obnoxious to the charge of "dangerous," as most of the plans proposed. It is this, however, which I venture to recommend, advising extreme caution in the separation of the veins from the vas deferens

—the latter of which can be readily discovered on the posterior part of the cord, by its peculiar feel, and the severe pain produced by pressing it firmly between the fingers. It is proper, also, always to advise the patient that he may lose his virility in consequence; a consequence against which no other method can insure him. If the patient, willing to suffer mutilation, rather than hazard an uncertainty, prefers extirpation of the testis, to the operator no choice remains—cut out the testis, and have no fear for his virility; I know some of the best breeders in the country who have but one testis.

Allow me, Mr. Editor, to note you a surgical incident, not quite relevant to the above matter, but not destitute of interest, nor wholly impertinent, which occurred during my apprenticeship with my much-respected preceptor, Prof. John G. Morgan, then Surgeon to the Auburn State Prison, which I copy from my notes.

April, 1832, Tillapaw, a convict, came to the Hospital, holding in one hand his testes, and with the other grasping the remnants of his scrotum. He had just emasculated himself in the following manner: the night previous, in his cell, he had drawn a cord tight around the scrotum and close above both testes, and this he had patiently endured until the hour for admitting the out-patients, and then had boldly cut it off by two strokes of a shoe-maker's knife. The hæmorrhage was considerable, but the vessels were tied and he did well. His recovery, indeed, was very rapid and favorable, owing in part, doubtless, to the contented and happy state of mind in which he now dwelt, for the act had been committed as a religious sacrifice of an offending member. Incarcerated for an aggravated rape, his long confinement and stern regimen had not a whit abated his criminal inclinations, and he was now a disgusting onanist. Six months after his recovery, I asked Tillapaw how he felt now, and whether his stones troubled him any? "Oh yes," said he, "I am just as ambitious as ever, but I can't do anything; I have erections, but can get no satisfaction, so that I am worse off than I was before." Castration, it is true, in early life, as among eunuchs, prevents the development of the venereal passion; but once established, it is not easily extinguished."

September 4, 1841.

PES EQUINUS ACQUISITUS OF THE RIGHT FOOT—OPERATION.

BY JOHN B. BROWN, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

JOHN GATES TRULAN, of Andover, Mass., æt. 14, was placed under my care by his father, Hugh Trulan, Esq.

June 15th, 1841. The heel is elevated to the fullest extent, and cannot be brought down by the hand, on account of resistance of the tendo-Achillis. The knee is contracted to sixty degrees from a right angle with the thigh. The whole limb, and particularly the foot, is twisted inward. There is a slight convexity of the tarsus externally. The weight, as he walks, rests upon the extreme end of the metatarsal bone and joint of

the little toe (see fig. 1). For a further description, I refer to the history of the case below, sent me by his father.

June 22d. I divided the tendo-Achillis and flexor longus pollicis pedis, and applied "my apparatus."

July 13th. It is now three weeks since the operation, and John walks fairly on the sole of his foot, although he continued to use his crutch.

Aug. 10th. He threw aside his crutch, and walked anywhere about the city.

Aug. 17th. Eight weeks after the division of the tendons, John's foot had improved to the state represented in fig. 2.

Aug. 31st. Returned home cured, the knee having been brought straight by mechanical means and orthopedic exercises.

FIG. 1.

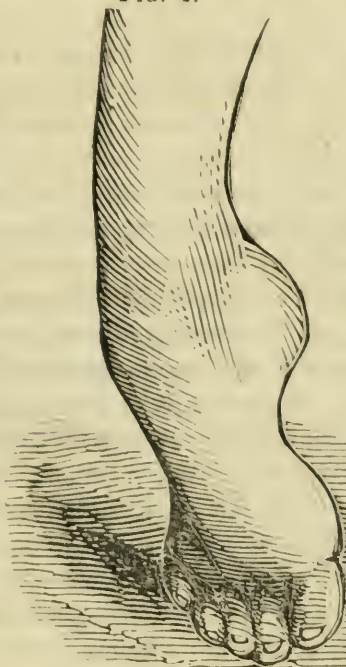
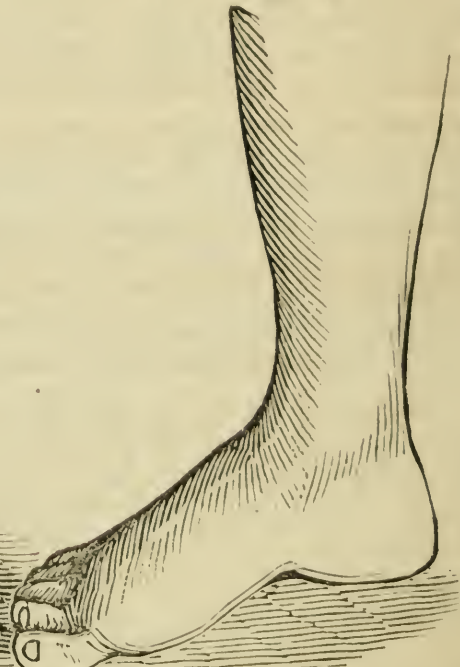


FIG. 2.



The following letter has since been received from his father.

"Andover, Sept. 24, 1841.

"DR. BROWN. Dear Sir,—I received yours of the 21st inst., in which you wish me to inform you how my son's deformity originated. I answer, he was as well and straight as any child until he was about two years old, when he was taken sick of a fever. Soon after his recovery he began to turn in his right foot a little. We did not mind much about it, and thought he would outgrow it, but it kept growing worse and worse until 1834, when I carried him to a doctor in a neighboring town, who tried to cure him by machinery. Here he stopped one month. I will give the doctor credit for his honesty, for he found he could not cure him and told me so. Then we let it rest until 1837, when I heard of a doctor in New Hampshire who was in possession of Goodrich & Co.'s patent apparatus for curing club-feet. I carried him there, and he stopped with him until we fancied he was better, and brought him home, but when he began to walk, he was as lame as ever. The tendons which had been

stretched went back again, and he kept growing worse and worse, and we had given up all hopes of his getting any help, until we heard of you, and I shall ever rejoice, and so will my son, that I placed him under your care, where, I can say, with great pleasure, he was made from a deformed cripple to an upright lad, and there is no doubt in my mind, that, when he grows up to maturity, that foot and leg will be equal with the other. His health is good, and he is in good spirits. He says he will never forget the kindness he received from you. When my son entered the Orthopedic Infirmary he had been obliged to use a crutch for two or three years. His foot was so much turned in, that when he put it down, he trod on the joint of the little toe, and the inside of the foot turned upward. The cords of the heel and ham were so much shortened, the heel was seven inches from the ground, and the leg one and a half inch shorter than the other. Now he stands and walks perpendicular, the foot being elevated to a level with the other by a cork sole, placed in his shoe. Since he came home, all who have seen him, look with astonishment; and this was done in the short space of ten weeks.

HUGH TRULAN."

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY S. PARKMAN, M.D.

ACCIDENTS.—A healthy man, 25 years of age, of perfectly good habits, only five weeks from the Canadas, of which he is a native, received a wound on the left outer ankle from the wheel of a dirt car on a rail-road. His situation prevented his paying the requisite attention to his limb. The wound became exceedingly painful, the surrounding parts tumid and of a purplish hue, which was soon followed by a painful tumefaction of the whole limb. After a week's suffering he entered the Hospital, Sept. 27th. On examination, there appeared over left outer ankle a contused wound, about two and a half inches in length, with hard, tumid and purplish edges, the purple hue extending some little distance in the vicinity; the foot and leg were swollen, the skin tense, shining, and but slightly reddened; to the touch the parts were firm and elastic. The thigh was also swollen, but less firmly and tensely than the leg. No cord could be distinguished in the track of the femoral veins; this, however, was not conclusive against the existence of phlebitis, as the general tumefaction prevented a satisfactory determination. There was no appearance of the rosy lines which characterize an inflammation of the superficial absorbents. The constitutional symptoms were, considerable fever, indicated by a pulse of 92, restlessness, headache, &c. He complained of intense pain in the wound, extending over the whole of the limb. He was ordered an active cathartic, cupping on the thigh, and hot fomentations to the whole limb, with the watery solution of opium. Not much blood was obtained by the cups, but the constitutional symptoms were somewhat ameliorated, the pulse diminished in frequency, and he expressed some relief from the tension of the limb by the discharge of serum from

the scarifications. Leeches were ordered, with a continuation of the treatment.

The 29th, this relief had not continued. The limb was more swollen; an œdema had extended over the abdominal integuments, and infiltrated the penis and scrotum; the pulse were weaker, and the constitutional symptoms more typhoidal. A circular blister was applied to the leg above the wound. He was ordered two grains each of opium and camphor, every four hours, and stimulants if he could take them; the limb to be enveloped in hot fomentations of bitter herbs at intervals through the day.

The 30th, the unfavorable symptoms were increased. A blister was applied over the abdomen; alcoholic fomentations to the whole limb; the blister on the leg to be dressed with an ointment containing one drachm each of sulphate of morphia and quinine. This treatment, however, was without avail. The foot, to the ankle, became purplish and cold; a patch of integuments on the inside of thigh about six inches square, assumed the same hue, and was covered by large phlyctenæ containing bloody serum, and he finally sunk, Oct. 2d, six days after entrance into the Hospital, and two weeks from the date of accident.

On a post-mortem examination, the viscera of the three cavities appeared, in general, healthy in structure. The blood was fluid throughout the whole body, and all the organs and muscles were of a darker hue than natural, from the transudation of this fluid. The mitral valves of the heart presented some cartilaginous thickening, with a few vegetations along their free surface, and two of the aortic valves were adherent in such a manner as not to close perfectly the passage from the ventricle. Incisions practised in the diseased limb gave issue to a great quantity of serous fluid, and showed the subcutaneous and intermuscular cellular membrane in every part to be filled with effused lymph. No pus was discovered anywhere. In the lymph about the wound there was considerable effusion of blood in specks. The inflammation which had thus invaded the cellular membrane involved also the fasciæ of the limb, so that all the muscles were incased in a coating of these membranes, cellular and fascial, varying from a half inch to an inch in thickness. The periosteum over the lower extremity of the fibula in the wound was removed and the bone rough. The veins of the limb showed no traces of inflammation in their interior, but were everywhere imbedded in the lymph effused into the investing cellular membrane.

This case was one of diffused phlegmonous inflammation of the whole of the thigh, followed by gangrene of the integuments and death two weeks after a contused wound over the external ankle. This unfortunate termination of a wound, under ordinary circumstances of comparatively small consequence, was not in this case due to any of those causes which are usually considered as influencing the result of the reparative process of traumatic lesions, such as the inordinate use of ardent spirits, or the like—although the appearances observed in the heart at so early an age as our patient's, might, perhaps, induce the belief that his habits at some previous period had not been so good as lately. We may attribute the supervention of the phlegmonous inflammation to the circumstances of the patient, which prevented him from bestowing the neces-

sary care upon his limb, or even from preserving the recumbent posture. The disease differs in its nature from plegmonous erysipelas, in not being attended by the redness of the skin, or the early tendency which we see in that disease to the formation of pus and the death of the cellular membrane. In this latter disease the sloughing of the cellular membrane is the consequence of its tumefaction and strangulation by the integuments, which in their inflamed state do not readily yield. This limitation of the inflammation to the cellular membrane, without an early affection of the skin, is to be attributed to the law that the inflammatory process in its march is more easily propagated in the tissue in which it commences, than transferred to another; the fasciæ between the cellular membrane and the integuments was implicated, and it would finally have involved the skin, if death had not supervened. The gangrene of the integuments just before the fatal termination, may perhaps have been induced by the deprivation of the circulation, by the inflammation of the subjacent parts.

As regards the treatment, the time for active measures had passed before his entrance; there remained no course but to attempt the counteraction of the typhoidal symptoms, as has been detailed.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 13, 1841.

A SYSTEM OF MIDWIFERY.*

THE work before us is precisely what its name indicates, namely, a system, and embraces all the knowledge extant upon the subject of which the volume treats, properly arranged and digested. In saying this, however, it must not be understood that we entertain less admiration than formerly for works of a similar character, which have preceded this. On the contrary, we could refer to nearly a dozen volumes, the production of recent writers, of equal authority, and, as far as they go, of equal value to the practitioner. The last compiler or writer of any book has a manifest advantage over those who have gone before him, however recently, from the circumstance that he feels himself at liberty to avail himself of their labors, either by way of contrast to enhance the value of his own, or to give more completeness to it. Dr. Rigby, the author of this system, holds an enviable place in the public mind, being esteemed for those qualities most estimable in a physician, to which are superadded high professional attainments. He is physician to the General Lying-in Hospital in London, lecturer on midwifery at St. Bartholomew's Hospital, &c., and in fact, has been so circumstanced in all the relations of life, as to acquire a vast amount of experience. One feature of this American edition should not be overlooked, viz., the series of engravings, which, though xylographic, are nevertheless of singular utility in following the descriptions of the author.

Thus, in a few words, the claims of the work are presented to the pa-

* A System of Midwifery, with numerous engravings. By Edward Rigby, M.D., &c. With notes and additional illustrations. Philadelphia: Lea & Blanchard, 1841. 8vo., pages 419.

trons of medical books. Not to be in possession of a system like this, in a country in which the practice of midwifery is properly estimated by all intelligent people, is almost inexcusable. When we have availed ourselves of all sources of professional knowledge which are placed within our reach, if unsuccessful in the details of practice, there is a reasonable apology, which no one would have the hardihood to refuse; but to shut our eyes when the light shines in upon us, and then pretend that it is too dark to see the way, is certainly culpable, if not criminal, in one who voluntarily assumes the great responsibility of being an accoucheur.

Dr. Rigby's work comprises fifteen chapters, giving, therefore, ample scope for the discussion and fair illustration of every topic brought before the reader. The subjects are thus arranged:—The pelvis; female organs; development of the ovum; natural pregnancy and its deviations; signs of pregnancy; treatment of pregnancy; signs of the death of the fœtus; mole pregnancy; extra-uterine pregnancy; retroversion of the uterus; duration of pregnancy; premature expulsion of the fœtus. Part III. treats of natural parturition; stages of labor; treatment of natural labor; mechanism of labor. Part IV., midwifery operations; forceps; turning; Cæsarian operation; artificial premature labor; perforation. Part V., dystocia, or abnormal parturition; inversion of the uterus; encysted placenta; precipitate labor; prolapsus of the umbilical cord; puerperal convulsions; placental presentations; puerperal fevers; phlegmatia dolens; and, lastly, puerperal mania.

We have been thus particular in giving the heads of chapters, that it may be seen how extensively the author has grasped the subject of practical midwifery.

New York Medical Institute.—An impetus, of late, seems to have been given to everything appertaining to the study of medicine and surgery in the city of New York. But a little while since, there was but one public school, and now there are two. But instead of being on the look-out, prematurely, for a third—no improbable event, since driving business makes business—we mainly intend to notice the organization of the Medical Institute, a quiet, unobtrusive academy, where students are taught the elements of professional knowledge, to begin with, and where they will gradually have unfolded to them the great principles and all the facts which men of character and experience, who superintend their medical studies, can impart. It is much like the Medical Institute at Philadelphia, and therefore can excite no jealousies. Dr. James Stewart, a favorite author, whose name is familiar to those who keep pace with American medical literature, is the instructor in the department of practical medicine. Then there is Dr. Detmold, in orthopedic surgery, another evidence of the talent concentrated in this new undertaking. By a reference to the advertisement in this week's Journal, the reader will obtain all the facts which it may be necessary for a stranger to know who proposes to enter the Institution.

Papier Maché Noses.—A correspondent, in a neighboring city, requests us to inform him whether artificial noses, manufactured of papier maché, or any other material, can be obtained in Boston. We have no recollection of seeing but one paper nose, and that a miserable one, which was put on occasionally by a popular songstress, at Mr. Kimball's Picture Gal-

lery, in personifying a single lady, who had passed her teens by some forty years. Dr. Harwood, the well-known and ingenious dentist, who now resides at Machias or Bangor, we are not certain which, in the State of Maine, can construct an artificial nose of the same mineral compound of which the incorruptible teeth are made, which would deceive a pretty vigilant eye. We saw one of his make, which was referred to some two years ago in this Journal; it was constructed for an unfortunate young man belonging to Spencer, Mass., and was of admirable workmanship. The mineral noses have manifest advantages over paper, however nicely the latter may be fabricated, because they will neither soften in a shower, nor freeze and thaw in a winter climate. We therefore recommend our correspondent to consult Dr. Harwood, or his partner, Dr. Tucker, Hamilton place, Boston, who is equally distinguished in the dental profession.

Boston Dispensary.—The annual meeting of the contributors to this Institution will be holden on Thursday, Oct. 14th, at No. 19 Court street. On this occasion it is usual, we believe, to elect dispensary physicians for all the districts in the city. In most other cities, the dispensary physicians, being generally young men just commencing business, have a small fee for each patient, amounting ordinarily in the whole, to about enough to pay the rent of an office and purchase one suit of clothes per year. This is substantial professional encouragement, and by no means unreasonable. It has always been surprising to us that physicians enough could be found to do the drudgery of the Boston Dispensary, under its present organization. The physicians usually being dependent on their own personal exertions, deserve the consideration of those who acknowledge the principle, that the laborer is worthy of his hire. We know all about the difficulties, disappointments, poverty and heart-aches of a young penniless physician, and our sympathies, therefore, are boldly expressed in the behalf of such.

Progressive Phrenology.—Dr. Andrew Boardman, of New York, who is identified with the progress of phrenological science in the United States, contemplates publishing a new work, one object of which is to show that those men of acknowledged capacity and integrity who have tested the subject by an appeal to nature—by the investigation of facts on which it rests—unite in testifying to its truth. A more curious literary undertaking could not have been selected—and in Dr. Boardman's hands, the materials will be carefully and appropriately arranged, and receive the finishing touch of a scholar before being given to the public.

Stewart on the Diseases of Children.—A further supply of that excellent treatise, which should be in the possession of every American practitioner, is on sale at Ticknor's, Little & Brown's, and Munroe & Co.'s, Washington street; and at Hartford, Conn., at Robinson & Folger's. It must be particularly gratifying to the author to have his labors appreciated by that class of readers who are the most competent to judge of the value of the service rendered to the profession. Country practitioners, according to our standard of excellence, could not have a more useful book of reference.

Death of a Giant.—Lewis Cornelius, Esq., who died at Milford, Pike Co., Penn., two weeks since, at the age of 47, was unquestionably the largest man in America. He was six feet tall and six feet round the body; and previously to being sick, weighed 720 lbs. After death his weight was 685 lbs. His wife is a tall, spare woman, say the papers—and there are eight children, the youngest being ten years old, most of whom bid fair to be Anacks in size. All those who have completed their upward growth, thus far, take after the father. One of the sons is 6 feet 1½ inch tall.

On the Utility of Oxalic Acid in Inflammations of the Mucous Membranes. By M. NARDO.—At the scientific meeting at Turin in September last, M. Nardo made known the results of his experiments on the therapeutic effects of oxalic acid; to which subject he had been devoting his attention for the last twelve years. From his experiments he concluded that this acid possesses antiphlogistic properties superior to that of any other vegetable acid, as the malic, the citric, the acetic, or the tartaric, and that, in addition, it possesses the precious property of calming the violent pain which attends inflammation of the mucous membranes. He especially recommends its employment in all diseases where this membrane is implicated, as in angina, gastritis, gastro-enteritis, stomatitis and aphtha. He says that the use of oxalic acid renders the loss of blood much less necessary. The dose he employed was one and a half grains in about eight ounces of fluid. It is not mentioned how often it ought to be repeated. He regards it as a contra-stimulant.—*Ed. Med. and Surg. Journal, from Reper. del. Sci. &c.*

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Sept.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm.	Therm.	Therm.	Barom.	Barom.	Barom.			
	Therm.	Therm.	Therm.	Barom.	Barom.	Barom.			
1 Wed.	61	71	70	29.32	29.31	29.33	N W	Fair	
2 Thur.	58	76	75	29.34	29.34	29.33	N W	Fair	.06 inches of rain.
3 Frid.	70	82	81	29.39	29.40	29.36	S W	Fair	
4 Satur.	71	79	68	29.25	29.15	29.14	S W	Fair	Showery, with violent storm P. M. .37
5 Sun.	67	72	72	29.20	29.29	29.31	N E	Cloudy	inches of rain.
6 Mon.	64	67	64	29.45	29.50	29.54	N E	Cloudy	
7 Tues.	64	73	72	29.56	29.57	29.58	N E	Fair	
8 Wed.	57	74	70	29.55	29.52	29.53	N E	Fair	
9 Thur.	58	72	71	29.54	29.57	29.60	N E	Fair	
10 Frid.	54	68	67	29.61	29.60	29.55	N E	Fair	Foggy morning.
11 Satur.	62	74	68	29.48	29.44	29.43	S W	Fair	Foggy morning.
12 Sun.	63	73	72	29.43	29.48	29.48	N W	Cloudy	
13 Mon.	64	66	61	29.50	29.52	29.49	N E	Rain	1.01 inch of rain.
14 Tues.	56	71	71	29.53	29.57	29.60	N E	Fair	
15 Wed.	55	70	68	29.70	29.73	29.75	N	Fair	
16 Thur.	46	68	62	29.78	29.79	29.74	N E	Fair	
17 Frid.	53	65	62	29.68	29.63	29.55	N E	Cloudy	.36 inch of rain in the night.
18 Satur.	54	72	68	29.48	29.49	29.49	N E	Fair	
19 Sun.	56	67	63	29.60	29.60	29.60	N	Fair	
20 Mon.	52	66	68	29.59	29.60	29.59	S W	Fair	
21 Tues.	56	64	64	29.60	29.61	29.60	N E	Cloudy	Foggy morning.
22 Wed.	56	67	61	29.49	29.42	29.39	N E	Fair	
23 Thur.	58	68	68	29.44	29.45	29.45	N E	Cloudy	
24 Frid.	61	71	72	29.48	29.39	29.36	S E	Rain	.55 inch of rain.
25 Satur.	68	71	62	29.22	29.98	28.97	S E	Rain	.57 do. do.
26 Sun.	56	68	68	29.28	29.14	29.28	S W	Fair	Plentiful supply of water.
27 Mon.	50	66	63	29.41	29.48	29.50	W	Fair	
28 Tues.	49	70	66	29.50	29.43	29.40	S W	Fair	Dense fog.
29 Wed.	65	70	66	29.30	29.39	29.36	S W	Fair	1.34 inch of rain.
30 Thur.	48	55	53	29.20	29.20	29.23	N W	Cloudy	.01 inch of rain.

This month has been very pleasant; after the middle, fine rains have fallen, sufficient to supply the wants of vegetation—the whole quantity in the month, 4.27 inches. Thermometer has ranged between 46 and 82; barometer, between 29.79 and 28.97. There has been no frost, and vegetation is as verdant as in June.

Singular Phenomenon.—We were presented a few months since, by Dr. Jenks, Dentist, of Fredericktown, Md., with a superior molar tooth, on one of the sides of the neck of which, about the eighth of an inch above the termination of the enamel upon the crown, and just where the bifurcation of two of its roots takes place, is a protuberance, the size of a pin's head, or perhaps a little larger, covered with enamel. Now, what seems remarkable in this, is, that this protuberance is covered with enamel. We can very well conceive that it could have been formed by a deposition of bone, but the presence of the enamel, according to the prevailing theory of the manner of the formation of this substance, renders its explanation somewhat difficult.

Since writing the above, another molar tooth, having a similar enamelled wart-like protuberance upon it, was presented to us by Mr. Savier, student of dental surgery, of Baltimore.—*American Journal and Library of Dental Science.*

Number of deaths in Boston for the week ending October 9, 40.—Males, 25; Females, 15. Stillborn, 2. Of consumption, 5—infantile, 4—disease of the liver, 1—canker rash, 1—inflammation of the lungs, 1—accidental, 1—dysentery, 3—disease of the heart, 1—debility, 2—croup, 3—dropsy on the brain, 1—liver complaint, 1—scald, 1—disease of the spine, 1—old age, 1—fits, 1—scarlet fever, 3—marasmus, 2—lung fever, 1—palsy, 1—taking laudanum, 1—unknown, 2.

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearances.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by	-	-	-	-	-	DR. BOWDITCH.
Materia Medica and Chemistry, by	-	-	-	-	-	DR. WILEY.
Theory and Practice of Medicine, by	-	-	-	-	-	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	-	-	-	-	-	DR. PARKMAN.

Rooms for study, fuel, and light, free.

For terms, apply to S. Parkman, M.D., 196 Tremont street.

O. 13—eopt	H. I. BOWDITCH.	G. C. SHATTUCK, JR.
	H. G. WILEY,	S. PARKMAN.

NEW YORK MEDICAL INSTITUTE.

THIS Institution has been formed for the more successful prosecution of medical studies, and the promotion of medical science in the city of New York.

The instructions will be divided into a Summer and Winter course. The summer course of Lectures will commence on the first Monday in April, and continue till the first of July, when there will be a vacation till the 15th of September. The lectures will then be resumed and continued until the last week in October. The courses of instruction are as follows:

1. Clinical Surgery—Valentine Mott, M.D., Granville Sharp Pattison, M.D. 2. Medical Jurisprudence—John W. Draper, M.D. 3. General and Orthopedic Surgery—W. Detmold, M.D. 4. General and Special Pathology and Therapeutics—Charles A. Lee, M.D. 5. Surgical and Pathological Anatomy and Operative Surgery—John Murray Carnochan, M.D. 6. Practical Medicine—James Stewart, M.D. 7. Diseases of the Eye and Ear—Alfred C. Post, M.D. 8. Chemistry and Medical Botany—Daniel Gardner, M.D.

Fees for the summer course, \$40. For single Tickets, \$10.

Winter Course.—The Winter Course will consist of Recitations, and Examinations on the different branches of medicine and surgery, taught in the medical department of the University of New York, and will be conducted by the following gentlemen.

1. Institutes of Medicine, Materia Medica and Chemistry—C. A. Lee, M.D. 2. Theory and Practice of Medicine and Obstetrics—James Stewart, M.D. 3. Anatomy and Surgery—John Murray Carnochan, M.D.

The course to commence in the first week in November, and to continue until the first of March. Fees for the course, \$25. For single Tickets, \$10.

For further information apply to the Secretary, 86 Prince street, near Broadway.

JAMES STEWART, M.D., Secretary.	VALENTINE MOTT, M.D., President.
	O. 13—2t

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841—42.

The regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been recently added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

The Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.

GEORGE McCLELLAN, M.D., Surgery.

WILLIAM RUSH, M.D., Principles and Practice of Medicine.

ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.

SAMUEL McCLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.

WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—eptiv

S. G. MORTON, M.D., *Dean.*

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

The annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.

GRANVILLE SHARP PATTERSON, M.D., Professor of Anatomy.

JOHN REVERE, M.D., Professor of Theory and Practice of Medicine.

MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a SURGICAL CLINIQUE has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Jy 28—eptN1

Secretary to the Faculty.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

				Fees.
Anatomy and Operative Surgery, by	-	-	DR. WARREN,	\$15.00
Midwifery and Med. Jurisprudence, by	-	-	DR. CHANNING,	10.00
Materia Medica, by	-	-	DR. BIGELOW,	10.00
Principles of Surgery and Clinical Surgery, by	-	-	DR. HAYWARD,	10.00
Chemistry, by	-	-	DR. WEBSTER,	15.00
Theory and Practice of Physic and Clinical Medicine, by	-	-	DRS. WARE and BIGELOW,	15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, *Dean.*

Boston, August 21, 1841.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, OCTOBER 20, 1841.

No. 11.

GENERAL INDEX TO THE MEDICAL JOURNAL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following very general index to the New England Journal of Medicine and Surgery, and the Boston Medical and Surgical Journal, embracing a period of twenty years, is the result of the habit of the writer of referring (usually on the outside of the cover) to such articles or facts in each quarterly or monthly No. as from their interest or supposed practical importance he wished subsequently to recur to. The reference is generally to a single page, and often to a sentiment or prescription embraced in a single sentence, indicated in his own copy by a marginal notice; thus enabling him to refer to the particular fact with facility. This practice has been found so satisfactory, that I have not only continued it, but, as may be seen, the references have become progressively more numerous.

Our periodicals are, when properly conducted, the store-houses where that best of knowledge, the result of personal experience, is accumulated; and though much of it, in time, becomes embodied in systems of practice, and is thus rendered accessible to all, no inconsiderable portion, it is apprehended, remains afloat for a long time, or is suffered ultimately to be lost. Instance the successful mode of treating one of our hitherto most fatal diseases, croup, by Surgeon Kemble. Though ten years have elapsed since his plan was commended to the faculty of N. England through this Journal (see Index Vol. III., page 25, and Vol. VIII., page 21), it is believed no system of practice, published in this country, contains it; even that excellent work on Theory and Practice by Marshall Hall, republished in Boston in 1839, though greatly enlarged and improved by its American editors, leaves us to pursue the old, and, in most cases, it is believed, worse than useless practice of bleeding in that disease. In justice it should be added, that of the many worthy offerings to the public weal by one of these gentlemen, this re-publication (notwithstanding a few supposed inadvertences) must be considered by physicians as one of the most acceptable. See, also, the use of the *Air-pump* in Strangulated Hernia, Vol. XIII. The writer has used this novel remedy in two cases only, but in both was its application perfectly and readily successful, after the failure of some of the common means of reduction.

The ordinary indexes to these volumes can hardly be considered a substitute for the references proposed; for often, as remarked above, the latter refer to a single fact, remark, or prescription, and hence the title of the

original article does not indicate the particular matter referred to. For instance, in Vol. VIII, page 389, is an article entitled "Considerations on the Bitterness of Vegetables," to which I have just had occasion to recur in my practice, that I might avail myself of some excellent remarks on the use of aloes in affections of the liver, contained on the 391st page, and referred to in the "General Index" thus, "Aloes, specific action of on the liver." It is obvious that the title of the original article could have given no clue to the particular remarks sought. Again, in Vol. X., N. E. Journal of Medicine and Surgery, page 231, is an article by Dr. Peirson, headed "Clinical Remarks." The article is continued through four pages, and on the last is a suggestion on sub-luxation of the radius in children (page 234 of the General Index), which I have repeatedly profited by in practice. It is now about twenty years since Dr. P.'s plain directions for reducing this pretty common injury were given; yet, after some research to ascertain the fact, I have not found this precise accident or its remedy clearly indicated in any system of surgery to which I have referred.

Being about to have the Journal, now consisting of more than thirty volumes, bound, I have been compelled to transcribe these references from the paper covers; having done so, and finding myself in possession of a general index of unexpected length, it occurred to me that its publication, from the considerations above stated, might be useful, giving such as possess any considerable series of the work an additional interest in it by rendering a reference easy to some of its most important contents.

With these views, I submit it to the disposal of the editor, and am,

Nantucket, 2d mo. 11th, 1841.

Respectfully, &c.

PAUL SWIFT.

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[We regret that the paper of our esteemed correspondent has suffered, for so long a time, such apparent neglect at our hands. It has not been forgotten, however, nor mislaid. It was at first deferred on account of some doubt as to the best mode of printing it, and more recently original articles have been constantly on hand which seemed to require more immediate attention.—Those of our readers who have the volumes of the Journal from its commencement will doubtless find the Index of Dr. S. very convenient, and all will perceive that in the course of twenty years subjects of great practical importance, in every branch of medicine and surgery, have been treated of in its pages.—Since this Index was received from Dr. Swift, he has taken up his residence in Philadelphia, from which place we hope communications, containing results of his long experience and observation, will occasionally find their way to our pages.]

CASE OF STRANGULATED OBLIQUE INGUINAL HERNIA.

[Communicated for the Boston Medical and Surgical Journal.]

JOSEPH CHAPMAN, a wood-sawer, aged 55, has been intemperate for many years, but recently joined the happy number of reformed drunkards.

August 31st, the patient returned from his daily labor with a slight pain in his left side, where he had been troubled with oblique inguinal hernia for several years. He had worn a truss (or what he called a truss, which was far from resembling that instrument) for a long time.

Sept. 2d, I was called to visit the patient, and while inquiring into his symptoms and examining the abdomen, he remarked that he had been ruptured for many years, by which my attention was immediately directed to the parts implicated in hernia. There was a slight fulness of the external inguinal ring of the ruptured side, but no more, as the patient said, than was usually present in ordinary health. I could discover nothing of the tenderness and hardness that generally characterize the presence of a strangulated portion of intestine or omentum. The patient experienced no pain and but little uneasiness from any attempts to reduce the slight tumor, and said "all about the rupture felt as well as it usually did when about his work." As the patient represented himself to have been subject to similar attacks, like the present, that often lasted a week or more, and there beginning to be some tenderness of the abdomen, I bled him, directed fomentations to the abdomen, ordered injections to be used frequently, gave an opiate, and left him, cathartics having been given previously to my seeing him.

3d. Patient no better. Strangulation being now suspected, and not feeling willing to take the responsibility of an operation in this case alone, Dr. T. Chadbourne (who has directed his attention somewhat extensively to this branch of practice) was called in consultation, and advised against an operation—giving it as his opinion, that notwithstanding the patient's

present situation may be the result of, or occasioned by, his hernia; yet considering the entire absence of swelling, tenderness, or inflammation of the hernial tumor, the hernia could not be the only difficulty in the case; that the disease was probably beyond the reach of the knife; and considering the great prostration of the patient, in connection with his broken-down constitution from many years habitual intemperance, he thought the operation hardly justifiable, even if the symptoms of strangulation were less equivocal; but the absence of all inflammation, swelling and tenderness of the sac, the usual symptoms that indicate the necessity of an operation, strengthened his opinion as given above.

4th. Patient rather worse. Gave the tobacco injection twice, which had the effect to relax the system without any permanent relief. Gave several powders of calomel and opium, followed by a large dose of spirits of turpentine and castor oil, which was retained for a considerable time.

5th. Patient evidently worse; pain greater; abdomen swollen at every point; obstruction continues; feculent matter vomited; no swelling or tenderness of the hernial sac. Met Dr. C. again in consultation, who was still of opinion the patient's chance of recovery would not be increased by an operation. Recommended perseverance in the former means, and a repetition of the injections by means of the elastic stomach tube, introduced high up the colon.

6th. Symptoms decidedly worse; pulse quick and small; extremities cold, and frequent vomiting. The patient lingered until the 7th, at 4 o'clock, when he died.

Inspection, eighteen hours after death, assisted by my students, Dr. C. being out of town.—The exterior of the body natural when laid upon the table, with a considerable emaciation. Some rigidity of the abdomen, but both sides natural, excepting a slight fulness along the spermatic cord of the hernial side, below the external inguinal ring. The abdomen was opened after the usual manner. The peritoneum not much inflamed. The small intestines a good deal inflamed, and covered with enlarged capillaries. The region of the hernia was next examined, where a small portion of the ileum was found firmly incarcerated at the internal abdominal ring. The tumor formed by the strangulated portion of intestine, was about the size of an American walnut; not sufficient to obstruct the passage entirely. The aperture at the internal ring, through which the intestine escaped, was about one half inch in diameter. The sac was laid open below the external, which was natural, without any discoloration, or other marks of inflammation. The strangulated portion of intestine was of a dark brown and greenish hue, which extended to either side of the confined portion about two inches.

Cases like the above must be rare, and few only have been reported. I probably shall never see another; but if there are surgeons who have had similar cases in their practice, they would do the profession a favor, and carry safety to the patient, by reporting them. T. HAYNES.

Concord, N. H., Oct., 1841.

P. S.—Having handed the above communication to Dr. Chadbourne, it was returned with the following note. T. H.

The above case adds another item of proof to the generally acknow-

ledged fact, that "no class of diseases subjects the skill of the practitioner to a more severe test than the successful treatment of hernia in all its varieties." Even the *existence* of the disease is not always easily detected. A young man recently presented himself at the Infirmary for the Treatment of Hernia, in this town, wearing a truss applied by one of the most distinguished surgeons in New England. The instrument was applied after great effort made to reduce what was supposed an hernial tumor of recent occurrence. The next day after his admittance, the (supposed hernial) tumor was opened, and discharged a quart of pure pus. The disease proved to be a lumbar abscess that pointed at the external inguinal ring. The above is by no means a solitary instance. I have had two similar cases since. But this was particularly interesting on account of the deservedly high standing of the surgeon who applied the truss. It is a very common occurrence for patients to present themselves wearing trusses for varicocele or other complaints of the parts, when no hernia exists. B. B. Cooper reports a case in the *Med.-Chir. Rev.* for Jan., 1840, that terminated fatally, under equally equivocal symptoms of strangulation with your case. After a post-mortem examination, having found the bowel strangulated, he makes the very sage remark, that "if he were to have a similar case he would operate;" and who would not come to the same conclusion, after the light that dissection had thrown upon the case?

ON THE STRUCTURE OF THE TEETH.

[NOTICE has already appeared in the Journal of the publication, in England, of three memoirs on the teeth, read at the meeting, in 1839, of the British Association for the Encouragement of Medical Science, by Alexander Nasmyth. From a notice of the first memoir, in the *London Lancet*, we copy the following remarks and quotations.]

Our readers are aware that a tooth consists of three substances: of *enamel*, which forms a thin crust over the crown; of *ivory*, or tooth bone, which constitutes the chief bulk of the tooth; and of *cementum*, or *crusta petrosa*, which invests the root of the tooth, and under certain circumstances forms a thin lining to, or completely fills up the *cavitas pulpæ*. The ivory or tooth-bone consists of fibre-like, undulating tubuli, which traverse a dense, interfibrous or intertubular substance. The intertubular substance has been described hitherto by our best anatomists, among whom may be named Perkinje, Retzius, and Müller, as uniform and structureless. But Mr. Nasmyth is "disposed to believe that it is not only organized, but so differently and characteristically so in different animals, as to be capable of affording valuable aid to the naturalist in classifying the animal kingdom." According to Mr. Nasmyth, the producing structure of the ivory, viz., the pulp, "is cellular throughout its entire structure;" the producing structure of the enamel, viz., the internal surface of the capsule, is also cellular; and the ivory and the enamel which are formed by a transformation of the pulp, and of the internal surface of the capsule, bear distinct traces of the cellular texture of which their basis is composed.

This important discovery, the originality of which cannot, we believe, be questioned, was made by Mr. Nasmyth in the inverse order to that which we have adopted in describing its nature.

"My attention," the author observes, "was first drawn to the structure of the interfibrous substance on examining a delicate section of the fossil tooth of a rhinoceros, by the aid of a very high magnifying power, of one-tenth of an inch focal distance, and of the most perfect kind, with an achromatic condenser of light. The instrument with which I have conducted my researches, and upon the accuracy of which I place the greatest reliance, is that of Mr. Powell. In the section of the tooth of the rhinoceros to which I have just alluded, will be observed an appearance of cells or compartments;" an appearance which the author's subsequent investigations proved to be universal both in fossil and in recent teeth.

Mr. Nasmyth has also made researches into the structure and composition of the tubuli, which that gentleman terms "fibres," of the teeth of different animals. These he finds to

"Present an interrupted or baccated appearance, as if they were made up of different compartments—an obvious concomitant of the cellular structure of the interfibrous material. The size and relative position of these portions or divisions of a fibre differ in various series of animals. In the human subject, for instance, each compartment of the fibre is of an oval shape, and its long, small extremity is in apposition with that next adjoining. The long axis of the oval corresponds with the course of the fibre. In some species of the monkey tribe, the fibre appears to be composed of two rows of compartments parallel to each other. In the orang-outang the fibre is composed of rhomboidal divisions, and in the baboon they are oval, like those of the human subject, and the surfaces of the long axes are in apposition. In fact, each class of animals seems to have a distinct characteristic appearance, but all are similar in respect to the general baccated appearance."

Of the application of his views to practical purposes, the author remarks:—

"All systems of dental structure which have hitherto been propounded have failed, I think, to explain facts of daily occurrence; but they may be accounted for, I venture to assert, by the cellular organization of the interfibrous substance which has been improperly termed structureless, and by the peculiar baccated arrangement of the fibres.

On the structure of the enamel, we read the following:—

"According to the views of Retzius, Perkinje, and the recent investigators of the structure of the teeth by the aid of the microscope, the enamel consists of fibres, running in a direction from the centre to the circumference of the tooth. On making a section of the enamel in a direction parallel to the transverse diameter of the tooth, the appearance as described by these writers is observed, and they are said to be seen to terminate in a hexagonal form beneath the investing crusta petrosa. If, however, a different section of the enamel of the human tooth be made, for instance, one near the surface, parallel to the vertical direction or long axis of the tooth, an appearance presents itself which has induced me to

take a different view of the nature of the structure of the enamel. The section of the enamel presents compartments or divisions, but of a different character from those I have already spoken of as existing in the interfibrous structure of the ivory. Each compartment of the enamel is of a semi-circular form, and the convexity of the semicircle or arch looks upward towards the free external portion of the tooth."

[In connection with the above remarks on the structure of the teeth, we give below a recipe for their treatment when diseased and painful. It is from the pen of Dr. I. I. Greenwood, of New York, and is copied from the last No. of the American Journal and Library of Dental Science. In an introductory note, Dr. G. refers to the danger which every one knows attends the use of arsenic for this purpose, but he thinks it arises from the mal-administration of the article, and can therefore be avoided.]

When a patient applies to me for the cure of tooth-ache, I examine the tooth, and clean out the cavity, endeavoring to make *bare* the nerve, if practicable, with a small instrument. If the nerve bleeds, so much the better. I then wipe out the cavity with raw cotton steeped in essence of peppermint, laudanum or alcohol. After which, I take raw cotton of sufficient size to stop up three fourths of the cavity of the tooth. I dip the point into laudanum, so as somewhat to saturate the cotton with it, that the *mixture* I shall mention below may adhere to it. I then take upon the point of it, by *touching the mixture*, about the size of a large *pin's head*, and in *no instance* do I ever use more, *however large the cavity in the tooth*; but sometimes a *smaller* quantity. This I place in the cavity of the tooth, immediately in contact, if I can, with the *nerve*, and stop up the cavity with mastic, composed of Venice turpentine, heated, and mixed with calcined plaster of Paris and chalk. Feucht-wanger's Prussian cement for the teeth *will answer*, placed upon the raw cotton in the tooth, and sometimes mixed up with it so as to fill up the cavity, charging the patient to take it out in *three days exactly*, and in no wise to masticate on that side during the time. If a patient will come to me, which they generally will do, I take it out for them, which I prefer to do, and wash out the cavity with alcohol. The tooth is by this time *cured*; but for fear there may remain an ichorous fluid oozing still from the dental canal, I leave it for *three days longer*, when the organ is *fully prepared and ready* for stopping, either with *gold or otherwise*. The symptoms of the efficacy of the cure are these, viz.: the pain, *after* commencing, will endure for three or four hours, sometimes more, according to the *irritability* of the patient. After the acute pains have passed away, a soreness will continue for some time, accompanied by a looseness of the organ, occasioned by the inflamed state of the periosteum. This gradually dies away, and by the second or third day, *in almost every case, disappears*. If, *when* the raw cotton and the mastic are removed on the third day, the patient takes *cold water* in the mouth, and *no pain* arises from it, the *cause* is removed. This is *the proof in all cases*. I have been thus prolix, in order that you may be supported by one who has *tested* its efficacy for years with success, and, indeed, I make use of no other remedy. The following is the mixture alluded to, which I use,

and which is to be placed in *an ounce glass vial*, with *glass stopper*.
R. Three parts arsenic ; one do. acetate morphine. Mix.

EFFECTS OF CALCULUS IN THE FEMALE CHILD.

BY GEORGE A. REES, M.R.C.S.

THE following is the only case of the kind I have met with in the female out of nineteen thousand children who have been under my care ; I consider, therefore, that if briefly recorded it might be worthy of notice in your valuable Journal.

Ruth Mole, aged four years, was brought to me laboring under retention of urine, the mother stating that the child had not passed any water for two days and nights, and that the bowels had not acted during the same time.

July 12. There is considerable fever ; great pain ; constant moaning ; the head hot, and tossed from side to side : the pulse small and frequent ; the tongue dry, and covered with a brownish coating ; there is some delirium ; the abdomen is hot and tense ; the bladder perceived to be much distended, extending up to the umbilicus ; the external organs of generation are inflamed ; the clitoris distended ; the nymphæ slightly œdematous.

The distress of the child demanding immediate relief, a flexible catheter was introduced, and twelve ounces of turbid urine were drawn off, and an active aperient was ordered.

13. Immediate relief followed the abstraction of the urine, and the child slept for four hours. The bowels have acted twice freely ; there is constant inclination to go to stool, and considerable straining, causing the bowel to prolapse. No water has passed since yesterday ; the bladder is again palpably distended, and the same state of the external organs perceptible, but the fever is much abated.

The prolapsus ani and the state of the external organs of generation so analogous to what occurs in boys with retention of urine from urethral calculus (in whom erection of the penis with œdema of its integuments are the principal symptoms), led to the suspicion that the cause of retention in this instance might be calculus, which suspicion was found to be correct by the introduction of a probe into the urethra. It was, therefore, determined to leave the bladder as it was, unless urgent symptoms supervened, in the hope that the pressure of the urine might expel the stone from the passage.

14. The child is much the same in all respects, but the urine has dribbled away in small quantities since yesterday. The stone may be felt with a probe still lodging in the urethra. After a little trouble this was caught hold of by means of a small pair of common forceps, and brought forward to the orificium urethræ, through which its size prevented its coming without violence sufficient to produce laceration ; a small incision was, therefore, made, as less likely to be followed by incontinence of urine, and the stone extracted.

16. All symptoms relieved, but there is incontinence of urine.

22. The child is free from all symptoms, the incontinence of urine having ceased for the last four days.

The calculus is five lines in diameter, weighs eleven grains, and is nearly perfectly round. I believe a calculus of any other shape *could* hardly produce such symptoms in the female child.—*Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 20, 1841.

MASSACHUSETTS MEDICAL SOCIETY.

WE omitted to mention last week that a pleasant meeting of the Council of this Society was held at the Masonic Temple, on the Wednesday preceding. A charter was prayed for by the physicians in the north part of Essex County for a district society, which was granted. No very important business was brought before the Council, of general interest to the profession.

Lithodeon.—A correspondent has directed our attention to the article called *lithodeon*, used by Dr. Mann, of this city, for filling teeth. Having no more partiality for secret tooth-filling compounds, than for secret medicines, we wish Dr. Mann would give his dental brethren all proper information concerning it, if, as represented, those teeth filled by the lithodeon nearly two years ago, are just as perfectly saved as they would have been by gold, and the patient saved from a great deal of pain connected with the operation. It seems as though gentlemen and ladies who have had their teeth filled with the lithodeon, could not conscientiously speak so decidedly in its favor if it were worthless, nor be deceived in the character of the protection which they assert has been afforded. We perceive, however, that a committee appointed by the American Society of Dental Surgeons, at their late meeting in Philadelphia, reported against the use of this and other substances as a substitute for gold.

Quackery in Georgia.—New England has generally been considered the place in which quacks could thrive better than in any other section of the Union. It is true that a host of them succeed very satisfactorily to themselves, especially those who are in the receipt of several thousand dollars per annum. But it is apparent, from a circular of huge dimensions which came the other day to the address of this office, that the inhabitants of the far-off State of Georgia are especially to be pitied, since G. F. Buchanan has published a kind of declaration, not precisely of independence, but of unparalleled impudence, alike obnoxious to the intelligence of the people in Wilkes County, as it must be to the good sense of the medical profession in that region. The proclamation beginneth thus—"Show me thy faith without thy works, and I will show thee my faith by my works." In coming thus before my fellow citizens, to tender them my professional services as a physician, I am influenced principally by a determination to correct a series of evils, which I have long since

deplored with increasing solicitude." This reminds us of two lines in Hudibras :—

"The people have all patriots grown,
They talk of public good and mean their own."

Facts and important Information.—Such is the title of a little pamphlet, by Geo. Gregory, who has collected what is thus presented, from the writings and cases of eminent physicians, the whole relating to the vice of masturbation. The author is intending to throw off another edition in a few weeks, to be greatly improved by additional materials from high sources. Books on this subject have become somewhat numerous of late, and that they may exert a good influence in opposing the stealthy march of moral and physical pollution, is devoutly to be hoped.

Homœopathy at Home and Abroad.—The eighth anniversary meeting of the New York Homœopathic Society was held on the 23d. Dr. Gray is president.—Dr. Horner has been furnished, by voluntary contributions, with 27,000 florins for founding a homœopathic hospital at Gyongyos, in Hungary, which makes the seventeenth on the new medical system now existing in Europe.

M. Dieffenbach.—Louis Philippe, King of the French, has conferred the order of the legion of honor on this celebrated surgeon, for his discovery of the successful operation for strabismus. Although M. Dieffenbach was the first to operate on the tongue to overcome the cause of stuttering, he has wholly renounced the operation, as being not only a dangerous business, but uncertain in its results. The last patient of his who submitted to the knife, bled to death under his hands.

Dartmouth College.—There are thirty-four junior and forty-six senior students in the medical department of this ancient and respectable College. From all we can learn, the lecture term has been, thus far, pleasant and profitable to all who are connected with the Institution.

Vermont Academy of Medicine.—We learn from the Castleton Statesman that at a meeting of the Board of Trustees of this Institution, held on the 5th inst., D. M. Reese, M.D., of New York, was unanimously elected Professor of Theory and Practice of Medicine, in place of H. Green, M.D., resigned. Dr. R. was the Professor of Practice in the Albany Medical College the first two years of its existence, in which time his courses did honor to himself and credit to the College. His connection with it, we are told, was discontinued in consequence of his professional engagements in New York, requiring his attention particularly during the winter season. Dr. R. is the American editor of the last edition of Cooper's Surgical Dictionary, and the author of several works upon medical and other subjects. The appointment of Dr. Reese completes the Faculty, which is composed of the following gentlemen :—Theory and Practice of Medicine, D. M. Reese, M.D. ; Chemistry, Wm. Mather, M.D. ; Surgery, F. H. Hamilton, M.D. ; Ophthalmology, W. C. Wallace, M.D. ; Physiology, Pathology, and Operative Obstetrics, C. L.

Mitchell, M.D.; *Materia Medica, Therapeutics, and Obstetrics*, Joseph Perkins, M.D.; *General, Special and Surgical Anatomy and Medical Jurisprudence*, James McClintock, M.D.

Dislocation of the Wrist. By RALPH N. M'DERMOTT, Surgeon.—A young gentleman, ætat. between 14 and 15, climbing over a high wall, and finding himself falling, instinctively put out his hands to break his fall. He came with all his weight upon his out-spread palms, and states, that "his wrist was doubled under him," the inferior incisors cut deeply into the lower lip, and the left wrist was dislocated. I was sent for, and saw him in half an hour after the accident occurred. The carpus formed a tumor posteriorly, above which there was a depression. Anteriorly I could feel the ends of the radius and ulna, in the palm of the hand, which was semi-flexed, and supported carefully by his right hand. He complained of a numb or dead sensation in the limb.

Reduction was easily accomplished, and the power of motion in a great degree restored to the joint. A splint and cold lotion were applied, both of which were laid aside after the second day, not being found agreeable to my patient. A professional friend saw this case with me, and at once concurred in the diagnosis of dislocation.—*Lancet*.

Preservation of Leeches. By C. WATKINS.—Owing to the mortality prevalent during the summer months among leeches, I have tried many plans to keep them healthy, but none have succeeded so well as a piece of charcoal put into the water, which keeps it perfectly clear and sweet for a week or more; and since I have employed it I have not lost any, though previously the mortality had been great.—*Ib*.

Medical Miscellany.—At a town meeting in Hartford, Conn., a committee was raised to take into consideration the subject of providing a suitable hospital for the sick, at the Almshouse.—A singular disease prevails among the testaceous fishes, as they are called, viz., oysters, scallops and clams, in Contares County, N. C. When opened there is a gelatinous, bloody fluid within the shell, of a very unusual appearance.—Dr. Fitch, of Philadelphia, a dentist of high reputation, who was arrested and carried to Connecticut a short time since on a charge of forgery, has returned home. It is said to have been a malicious and wicked scheme to extort money from him.—Dr. Haddock is appointed post-master of the city of Buffalo.—A Thomsonian practitioner of East Randolph, Vt., has been indicted for causing the death of Jonathan Sherburne. The declaration of the complaint runs thus, viz.: "Not having the fear of God before his eyes, but being moved and seduced by the instigation of the devil, on the 23d day of July, now last past, with force and arms, at Randolph aforesaid, in and upon one Jonathan Sherburne, in the peace of God and of this State, then and there, being wilfully and feloniously inclined, an assault did make, and certain hurtful and injurious and dangerous and inflammatory powders, commonly called composition powders, secretly prepared, mixed and made by him," &c. It is no way to make the medical profession respectable, for its members to become the persecutors of any class of practitioners which they pretend to look upon with marked contempt. This prosecution may exasperate a multitude of people against the regular profession, and increase Thomsonian patrons a hundred fold. Soft words turn away anger.

MARRIED,—At New Haven, Conn., A. B. Roberson, M.D., of New York, to Miss S. Taylor.—At New London, Conn., Dr. Jackson Bolton, of New York, to Miss Ann H. North, daughter of Dr E. North.—At Conquest, N. Y., Luther R. Palmer, M.D., of Sterling, N. Y., to Miss Helen L. Perkins.—At Philadelphia, Albert Whitelsy, M.D., to Miss E. A. Townsend.

Number of deaths in Boston for the week ending October 16, 41.—Males, 19 Females, 22. Stillborn, 5. Of consumption, 9—apoplexy, 1—infantile, 6—dropsy in the head, 2—cholera infantum, 2—croup, 1—old age, 2—hooping cough, 1—lung fever, 1—typhus fever, 2—lunbar abscess, 1—cruker, 1—marasmus, 1—dysentery, 1—dropsy on the brain, 1—scarlet fever, 1—child-bed, 1—cholera morbus, 2.

ONE MEDICAL STUDENT,

OF correct moral habits, can be received into a physician's family on reasonable terms during the ensuing course of Medical Lectures in the city. Location convenient. Inquire at the Medical Journal office. O 20—31*

Boston, October 18, 1841.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECKM, .D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, .MD., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2,50 to \$3,60 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND SESSION of this Institution will commence on the first Monday of November next. The faculty is constituted as follows :

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.

H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.

CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.

THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A25—tN

THOS. E. BOND, JR., Dean.

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

THE Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows :

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.

GEORGE M'CLELLAN, M.D., Surgery.

WILLIAM RUSH, M.D., Principles and Practice of Medicine.

ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.

SAMUEL M'CLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.

WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—ep6w

S. G. MORTON, M.D., Dean.

THEODORE METCALF, APOTHECARY.

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foil. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

Any instrument not in store, obtained to order at three days' notice.

Ap 7—6m

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.

HARVEY LINDSLEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

Washington, May 1, 1841.

My 12—lamtN

THOMAS MILLER, M.D.

Dean of the Faculty.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

			Fees.
Anatomy and Operative Surgery, by	- - -	DR. WARREN,	\$15,00
Midwifery and Med. Jurisprudence, by	- - -	DR. CHANNING,	10,00
Materia Medica, by	- - -	DR. BIGELOW,	10,00
Principles of Surgery and Clinical Surgery, by	- - -	DR. HAYWARD,	10,00
Chemistry, by	- - -	DR. WEBSTER,	15,00
Theory and Practice of Physic and Clinical Medicine, by	- - -	DRS. WARE and BIGELOW,	15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1841.

S 1—eptN

UNIVERSITY OF PENNSYLVANIA—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	- - -	NATHANIEL CHAPMAN, M.D.
Chemistry, by	- - -	ROBERT HARE, M.D.
Surgery, by	- - -	WILLIAM GIBSON, M.D.
Anatomy, by	- - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	- - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	- - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	- - -	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	- - -	W. W. GERHARD, M.D. and
“ on Surgery, by	- - -	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 20, 1841.

A 25—tDecl

W. E. HORNER, Dean of the Med. Faculty, 253 Chesnut st., Philadelphia.

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.

JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.

T. ROMEYN BECK, M.D., Prof. Materia Medica.

EBENEZER EMMONS, M.D., Prof. Obstetrics and Natural History.

LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.

JAMES H. ARMSBY, M.D., Prof. Anatomy.

THOMAS HUN, M.D., Prof. Institutes of Medicine.

AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3,50 per week.

Aug. 11—6w

ALDEN MARCH, M.D., President of Faculty.

J. H. ARMSBY, M.D., Registrar.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3,00 a year in advance, \$3,50 after three months, or \$4,00 if not paid within the year. Two copies to the same address, for \$5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, OCTOBER 27, 1841.

No. 12.

AMPUTATION OF THE THIGH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Within a few days past I have made my eighty-fourth and fifth operations of amputation of the thigh. All these operations have been made in my private practice, during the period of 34 years. The cases occurred principally in the northern portion of the State of New York. I made many amputations of the thigh, while attached to the U. S. Army, during the late war. I cannot state the number, or detail their causes. I am able to state the causes which made amputation necessary in my private practice, and the results following the operations. Eleven of these operations were on females, and seventy-four on males.

2 Cases of Fungus hæmatodes.

3 “ Necrosis, under the age of 10 years.

2 “ Osteo-sarcoma.

3 “ White swelling of the knee-joint.

1 “ Periostosis and destruction of the tissues of the knee-joint.

11 Females.

23 Cases of Necrosis, commencing on the femur, or tibia, and involving the knee-joint.

7 “ White swelling of the knee-joint.

6 “ Spina ventosa of the tibia, involving the knee-joint.

10 “ Fungus hæmatodes, principally located in the lower leg.

8 “ Compound fractures of the thigh, with contusions of the knee and leg.

4 “ Divisions of arteries and nerves by incised wounds.

3 “ Aneurisms of arteries of the thigh.

8 “ Mortification, following contusions of the thigh and leg.

5 “ Fractures of the tibia, with dislocation of the ankle-joint, and contusion of the tissues, producing tetanus and

74 Males. mortification.

There was an entire recovery in all the female cases, from the operation of amputation. Those with fungus hæmatodes died within three years after amputation, with tuberculated state of the lungs.

Out of the 74 cases of amputation of the thigh on the males, two died within twenty-four hours after the operation—one from secondary hæmorrhage, and the other from extreme feebleness at the time of the ope-

ration ; no re-action followed. Nine died from the suppurative process on the stump following the operation, occasioned by venereal and scrofulous taints of the system ; remained in a feeble state from five to twenty months, and died. The other 54 entirely recovered from the operation, and were healthy.

Those with fungus hæmatodes, who suffered amputation for that affection, passed under visceral disease (the lungs and mesenteric glands), and died within four years after the operation, though apparently healthy for the first year or two.

Four that suffered with white swellings, after amputation declined, and perished with pulmonary consumption after four years.

For the first few years, in operating, I was governed by the directions laid down by C. Bell in his first work on operative surgery. In all cases where a limb was to be lost, from any sudden accident, I advised and practised immediate amputation, or before much re-action or inflammation commenced. I made the operation by a circular incision, as directed by Mr. Bell, turned back the integuments, and divided the muscles by applying the knife under the supported integuments ; commencing on the inner margin of the vastus internus, and carrying the knife obliquely upward, making one sweep through the whole muscles to the bone, which bared the bone two or three inches higher than by the perpendicular incision. These incisions were expedited by an assistant elevating the parts as fast as they were divided, and using a retractor for the application of the saw. I usually dissected the muscles from the bone about an inch, and removed the periosteum only at a point for the saw. This mode of operating generally occupied from three to five minutes, and the dissection and turning up of the integuments gave the patient great pain. To secure the arteries, I always used the tenaculum of a small size, and a ligature of two flaxen threads well waxed, and left flat, on the large arteries, and one thread on the small ones, and secured every artery that threw out blood. After this, brought down the integuments and muscles over the bone, and secured with adhesive straps, six inches long ; placed thick dossils of lint over these, and compresses and roller over the whole, so as to make an easy support to the parts. If spasms followed upon the stump, producing much agony, I let blood and gave opium. I used the animal ligature in some cases, torsion, and other means recommended for securing arteries, but have always succeeded best with the thread.

Although I always had success with the circular incision, and process, as mentioned, in the first thirty cases of amputation, yet I afterwards occasionally operated by making two flaps, by dividing the integuments in a circular manner with a large scalpel, down to the muscles, and turning them back, and then dividing the muscles as in the circular operation. This mode subjected me to a serious difficulty. The bone would incline to rise and protrude towards the opening at the upper part of the limb.

In a majority of the last twenty cases of amputation of the thigh, I have operated by making the flap-amputation ; passing a narrow, double-edged knife, and cutting from the bone outward on each side, making two flaps. These are semi-circular, their convexities extending in a pa-

parallel manner forward, and their terminations meeting at the upper and lower surface of the limb, where the knife entered and passed out.

I have operated a few times by cutting in a semicircular manner from the surface to the bone, making two flaps. This gives more pain to the patient than the mode of cutting from the bone outward. The painful part of the operation, viz., cutting the soft parts, can be made in the first manner very quick, and the patient saved from much distress. The time occupied by me generally, in ordinary cases, is from thirty to forty seconds, and in every instance a quick union of the flaps and sound state followed by the first intention.

I have met with no instance of nervous irritation, or difficulty in securing arteries, after operating in this manner, as recently reported by some. In emaciated cases, I should still prefer the circular operation; but in this matter I should advise every operator to consider the nature of his case, and adjust means accordingly.

AMASA TROWBRIDGE.

Watertown, N. Y., October, 1841.

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—ESSAY VI.

[Continued from Vol. XXIV. page 425.]

NOTWITHSTANDING that a tropical climate and a summer season are usually the inseparable concomitants of yellow fever, yet there are, in sporadic cases, exceptions. Hereditary, constitutional, or acquired predisposition to receive certain morbid impressions, will prevail over the necessity of contagion, infection or season. And thus it is, that individual causes and cases set at naught all general rules. We ourselves have seen highly bilious symptoms with black vomiting in December. And one of the best described cases of yellow fever in New York, which we have seen, occurred in January, to which the physician was called on the eleventh day of that month. The patient, a fine, neat girl (in a family noted for regularity), aged 17 years, had at first almost continued chills and shiverings, succeeded with tremor, *without* chills or any sense of cold; and what is very often found, but very seldom described, *pain in the whole skin*. She had an unusual yellowness, with yellow eyes, and her blisters discharged a yellow serum. Her ejections and dejections became quite black. She had derangement, subsultus, hiccups, black vomit, and died on the tenth day from the first visit of her physician, Dr. Seaman.

The season of winter prolongs the approaches of death of summer fevers. The season of summer procrastinates a fatal termination of winter epidemics. A crisis is sometimes a skin moist and warm; sometimes an increased expectoration; sometimes a copious sweat; sometimes a diuresis; sometimes diarrhœa; and sometimes death. When all the elements are at peace with man, man is usually at peace with all the elements. But as the bodies of men are of elementary composition, when heat is extreme, cold intense, winds devastating, rains inundating, or droughts drying up all moisture, and the solar rays exhaling putrescent steams, man feels the force of febrile commotion. Animal nature in man, the favorite of Heaven, seems in some years particularly exempt from all

malediction. But in other years his species are not screened from all the ills to which flesh is heir. The cold of Wilna will destroy the Neapolitan, as Buonaparte's expedition to Russia fully proved; and the hot steams of Naples will prostrate the Scythian.

There are seasons in which man, other animals, and vegetables, seem all alike to flourish. But there are other years in which that which seems propitious to the growth of grass and grain, deals destruction upon a large scale to animal health. Such, in almost all parts, was the year 1803. The islands of the Mediterranean, the south of Europe, and the country parts of America, and some of its cities, evince, by the monuments and records of the dead, a year of unusual mortality. It seemed as if the North was transported to the South, and felt the effects of a tropical climate. The thermometer ranged from eighty to ninety degrees,* and for several hours in the day was not below the latter, and sometimes higher than the former, in July. Some provinces in Spain suffered severely by fever. The equatorial winds seem to have overcome all the refreshing breezes of the North, and to have blown with a constant current from the South. And this not locally, but generally, in both Europe and America. Yet, as if there was reason in those theorists who suppose that the miasm of one year may be retained in the body until the next year, it is singularly striking that in 1804 mortal epidemics appeared on high hills and other locations where they heretofore had never been known. And this, although the latter year was cool in the summer, cold in the winter, and without any remarkable variations of temperature at any time.† The news from the West Indies, and from Charleston, in 1803, announced no unusual sickness there. The southerly winds seem to have carried pestilence from the South to the North. Smallpox, natural and inoculated, as also kinpox, were remarkably mild and manageable—serving to show that nature, that year, had transferred the outlets of human life into other channels, but still giving warning, by oppressive calms, or more prostrating southerly winds, that disease and death were not sleeping visitors. In Philadelphia the heat and profuse rains made the climate there “perfectly tropical.” Yellow fever appeared almost simultaneously in that city and in New York, about the 20th of July. Still, previous and present causes predominated in that season over the thick buildings and fogs of cities, and spread the fomes of yellow fever all over the country; and could memory, monuments, and the record of deaths, with their causes, be strictly analyzed, we should find in that year a case or more of yellow fever in most towns in the United States; whilst in our large cities the mortality was not in anywise comparable to what it had been in those years in which it did not spread through the country.

There are erroneous impressions among us as to yellow fever being a stationary disease in the West Indies. Mr. Eckhard, Danish Vice Consul at Philadelphia, in 1804, who had previously resided nearly twenty years in the island of St. Thomas, speaks upon this subject in a manner which is confirmed by others, and which it is believed is entirely correct. He

* In both New York and Philadelphia.

† This was not the fact at the South, however, the climate there being highly tropical.

says, “the fever never spread to the inhabitants at large, but was confined to persons recently arrived from northern climates, and to those on board vessels in the harbor.”* And he further states another important fact, when he says—“I never heard of a single instance of any person who had resided for some years in the island, being afflicted with malignant fever.” He then adds—“a residence of nearly twenty years in the island, enables me to speak positively as to this fact.” Mr. Eckhard had looked well into the subject, for during his residence at St. Thomas, a number of deaths of young men from northern climates had occurred in his own house.† We do not know that the opinion is entertained there, that persons coming from northern climates, who are so apt to have malignant fever, when the inhabitants there are healthy, bring the fever with them. But we were deeply struck with the account that strangers were ordered to quit the city of Charleston, in some seasons, on account of their being attacked with what is there called *the stranger’s fever*. We believe, however, that the Creoles have as much reason to impute the introduction of fever among them to those from the higher latitudes, as Dr. Chisholm had for its being brought from the African island of Boullam, in 1793, into the island of Grenada; or that the French physicians had for calling it *La Maladie de Siam*, because it appeared at Martinico in 1685, at a time some vessels were there from that part of the East Indies.

If we look into Dr. Robertson’s History respecting the discovery of America, and the early voyages of Columbus, Ovanda, and others, we shall find that the Spaniards suffered sickness and mortality in Hispaniola and other West India islands. But we believe that it will be difficult to find any positive account of their having found the natives sickly, until they were first sick themselves. We know that contrary inferences have been drawn; but inferences and facts are sometimes very different things.

In the numerous instances which we have seen of the attempts to refer the yellow fever to importation from the West Indies, into our Atlantic cities, we do not recollect one in which any proof was adduced of the reign of it among the acclimated inhabitants of those islands from whence the suspected vessel came. There have, to be sure, been numerous examples of the crews of northern vessels having sickened there, sickened on their way home, and after they got home or into port. But such cases are to be referred to the tropical climate from whence they came, and not to the healthy population of the port from which they sailed.

Hippocrates, Celsus, Aretæus and Trallian, may be referred to as not having mentioned any such source of disease as contagion. Dr. Mosely says that it was unknown to the ancients who studied nature, and that it was the nonsense of Fracastorius. Dr. Mead, however, may be adduced as its great modern champion. Dr. Hosack, whose general opinions we respect, contended for contagion in yellow fever. But still he did not think it so much so as to spread in pure air, or without bad and local ex-

* Italics his own. In the tropical regions of South America, the Indians, as Le Blond tells us, escape yellow fever.

† See a Letter to James Mease, M.D., in Med. Repository, Hexade II., Vol. I., p. 336.

halations to conduct its virus. Now it is well to consider that one person will spoil a gallon of air in a minute when it is pure, and the weather cool. How much will be added to pestilential fomes from this source in a tropical, calm season of drought, merits consideration. The breath of a multitude in a crowded, infected part of a city, when winds do not blow nor rains fall, is to be suspected as adding fuel to flame. Fire engines, then, to throw plenty of water upon the roofs of all the buildings, and even into the air of yellow fever districts, would seem to promise more towards disinfecting them, than any other means. Covering the earth of such places with lime, has been tried in New York without any benefit. Heat, putrescent miasm, and a dense population, have been supposed sufficient to produce yellow fever without contagion. Still, if we admit Dr. Hosack's opinion to be correct, these three causes must combine in order for his supposed contagion to spread. All parties would, upon this point, then be in unison, and the causes should if possible be remedied. We would produce an artificial rain, with fire engines. And as a means of individual prevention, we would advise every person, in an infected district, frequently to use the warm bath. Indeed we think that warm bathing has been far too much neglected in the cure.

Of bloodletting we have an exalted opinion in some cases, especially where inflammation can reasonably be supposed to be of the phlegmonous kind. But it is to be suspected that the implicated viscera, when any local viscera is implicated, is affected in many, perhaps in most cases, with the erysipelatous species of inflammation, in which bleeding is as pernicious as in typhus fever, and in which the plan of Dr. Miner, of treating yellow fever with *calomel* and *opium*, is immensely to be preferred. We would not, however, by any means omit the warm bath. And to quiet nausea, burning and distress at the stomach, we would break ice into small pieces, throw them into water for a short time to melt off the sharp points, and let the patient swallow them in a tablespoonful of milk or lime water.

Whatever may be the most rational theory of the proximate cause of fever, one of its most constant proximate effects is a dry skin and suppressed perspiration, which continually add to that inward heat which has already begun to burn the vital viscera. Hence by restoring perspiration by means of warm bathing, we open an innumerable number of avenues on the surface, to emit and expel the inward devastating flame, as well as the morbid poison of contagion, infection, or whatever name is given to the occasional cause of the fever.

Cold countries are liable to more diseases than warm ones. But in the United States we are subjected to tropical complaints in summer, and arctic ones in winter. Influenza often denotes the invasion of more serious and more mortal epidemics. But not always, as it sometimes denotes their cessation; as did that of 1815-16, which seemed to check the progress of pneumonia typhoides, and typhus or spotted fever, which had prevailed for the six, eight, or more preceding years. But these latter fevers were in the southern States ushered in by that influenza which denoted their cessation here.

As we have mentioned bloodletting, one or two further observations

respecting it now occur. If the yellow fever in any given case is inflammatory, the loss of blood must be proper, unless it can be ascertained that the inflammation is of the erysipelatous kind. If, therefore, the buff on the blood evacuated is white, or light yellow, it may be decided on that phlegmonous inflammation is present; and more especially if it becomes cupped. But if the buff or pellicle be of a lead or pigeon color, the lancet must be cautiously used, as such a color denotes a diathesis which does not bear that evacuation well; as does also a pricking or morbid heat of the skin.

Entire suppression of alvine evacuations, which does not yield to cathartics in increased doses, is a fatal sign, and in every case should be foreseen and prevented by repeated changes of cathartic medicine. We have been too apt to rely alone on particular and favorite kinds of cathartics. An emetic in a dose sufficient to prove cathartic, is a mode of treatment calculated to prevent a succeeding torpor of the bowels. Still, when the first symptoms of it occur, we should resort to the relaxing powers of warm bathing, either by immersion, which is best, or by blankets wrung out of hot water, in which the patient should be wrapped.

A very quick pulse, even if it is full, marks rather an erysipelatous than a phlegmonous diathesis. But in such a pulse, other attending signs and states of the system must be considered.

We believe that emetics, by their universally agitating every secretory organ, are the best preventives of the non-secretion of urine, which hitherto has proved a fatal symptom. In one of the cases of recovery upon record in which black vomiting, hemorrhage, coma, black tongue, black stools, cadaverous perspiration, with thread-like pulse, vomiting of blood, singultus, delirium, and lying on the back with the knees drawn up, occurred, an emetic had been given in the early stage. The respiration at one period of this case was heavy, and so slow that about half a minute intervened between each, and which was attended with a "rising of the breast very much." But a swelling of one of the parotid glands took place, which seemed like a gleam of life in an army of death, and final recovery ensued.* We knew a case of yellow fever ourselves, in which a swelling of the submaxillary glands, against a host of morbid symptoms, ended in the safety of the patient.

"Silly delirium" has been a common attendant on diseases not dangerous. But in yellow fever it has occurred as a companion of alarming import, and the very usher of death itself. Yellow eyes and yellow skin, although usual, are not universal.

In a salivation, which has, when it could be produced, insured safety, spongy gums have ensued. And in one instance, in the course of forty-eight hours, six pounds or more of blood from the mouth have been discharged; and the patient recovered.† Indeed, as before observed, we have known a dangerous, but not a fatal, hemorrhagy from salivation.

Alkalies have been given to alleviate that extreme distress of the stomach which renders the situation of the patient truly pitiable; and sometimes with good effect, when acidity has been present. But even in this

* The case referred to occurred at Catskill, N. Y., and is given by Dr. Benj. W. Dwight.

† Ibid.

case we think that there is to be found in dilute nitric acid a far superior remedy, and one far more congenial to the general state of the system, and better adapted to counteract the morbid action going on in the first passages, which alkalies do not reach.

In pertinacious vomiting, a blister to the præcordia must never be omitted. But in this case, the dilute acid just mentioned, in teaspoonful doses, with a few lumps of ice of the size of a pea, will be found useful and grateful adjuvants. In cases of hemorrhage we would substitute diluted vitriolic elixir, instead of the nitric acid. But we would not trust to that or any other remedy without accompanying it with liberal doses of opium, in some form or other; and that form of all others to be preferred, is the sulphate of morphia, in doses of one eighth to one fourth of a grain, combined with sugar of lead, repeated every two hours till the hemorrhage ceases, or very much abates.

One word as to acids. Some have had a violent craving for them, but never for alkalies. And after the latter have been tried in all their forms, as well as absorbents, the nitric acid will be found, however we may account for it, a better remedy for a sour stomach than any one or all of them.

The yellowness, in yellow fever, is to be looked for at first about the angle of the lower jaw, and in some cases may be found no where else. The whole surface will be in some cases rather dingy, than specifically yellow.

In cases not severe, nor definitely marked, nor of a very high inflammatory grade, calomel and opium cannot be too highly extolled. It is one of the properties of calomel to excite the urinary secretion, and to increase the urine; indications very important to be fulfilled in yellow fever. Low delirium, stupor and coma, are best relieved by opiates. When the skin is very hot, we like the good old Hippocratic method of applying linen to the surface wet in cold water, rather than the cold dash. When friends fear that the patient will take cold by this external febrifuge, there can be no kind of objection to the addition of spirits to the water, which by increasing the evaporation, increases the cooling process.

Aphthæ may be treated with vegetable acids; but we can speak here, again, more in praise of a very dilute preparation of nitric acid, than of any other remedy. The peel of lemon may be steeped in the water with which it is diluted, and then, if sweetened with refined sugar, a very agreeable, cooling anti-emetic beverage is produced. We have given it in cholera with decided advantage in arresting the vomiting, as well as in ulcerated sore mouth. Citric acid may sometimes, however, be preferable, if there be great heat, and its mode of action is to be referred to the same principles. In hiccups, an emetic of ipecac. is very much to be relied on, succeeded by the effervescing draught, made with citric acid.

Cloths wet in warm spirits and vinegar, applied to the bowels, may be used to aid the operation of cathartics. And where much difficulty occurs, croton oil must be applied near the umbilicus, and injections of assa-fœtida administered. We regard this article as important where spasm is the cause of retarded motion, but spirit of turpentine may be added if torpor is suspected.

As a general febrifuge, we esteem eight grains of nitrate of potash and the same quantity of cream of tartar, given in very fine powder and washed down with sage tea, that the solution may take place in the stomach, as highly estimable.

But after all, the distress at the præcordia, or cardialgia, which we have repeatedly referred to, will be found most complained of by the sick, and most perplexing to the practitioner. Resort must be had to the blue pill, to quinine, to lime-water, to alkalis and absorbents. But we view the latter as only removing the effect, without touching the cause, and that the nitric acid will be found preferable both by patient and physician. In one case a powder in which turpeth mineral—*yellow sulphate of mercury*—was the active ingredient, in doses of about one and a half grains, did more than anything else we could devise. Its *modus operandi* was doubtless that of producing a *contra-stimulus*, or counter-action. It did not puke the patient. It was combined with pulverized allspice and cinnamon. The two latter ingredients were adopted by the suggestion of an aged physician. The patient had malignant bilious fever.

In threatened mortification, bark must be our resort in preference to quinine or any other tonic.

Relapses have sometimes been frequent, and were so prone to recur under the tonic plan, that a contrary practice has of late been adopted. It is that of frequently inducing *catharsis*, during convalescence; upon the principle that morbid secretions continued, and were wont to enkindle the fever anew. Rhubarb and magnesia may in most cases be sufficient, but the occasional addition of a few grains of calomel, when yellowness of the skin and eyes continue, or return, cannot with safety be omitted—the patient's strength being at the same time supported with wine, white or red, as he prefers, and either clear, mixed with water, cold or warm, in toast, in whey, or with milk, as symptoms and the patient's preference dictate. A feeble remedy of a new kind may do more than one more powerful that has long been tried.

As to the diet proper for those recovering from fever, let it be at once considered that relapses, and even death itself, have proceeded from a small quantity of indigestible food. The trophies which many a practitioner seemed about to win from extremely dangerous cases, have, when their patients seemed on the point of complete recovery, been suddenly snatched away by the kindness of friends, but sometimes by the patient privately obtaining improper articles; and again, perhaps most frequently, by the tender feelings of the physician being excited by importunities, which he thought might without great risk be granted. But the best way is, in a matter so vitally important, to err on the safe side, and run no risk. I never can forget the case of a gentleman who came home sick of yellow fever from the island of Grenada, and after having been on the very borders of the grave, had recovered from every dangerous symptom, when by eating a small piece of apple pie, his life was thrown into the most imminent danger. I was then very young in practice, and although he finally recovered, the lesson taught made too deep an impression ever to be obliterated.

Tonics cannot be with propriety omitted. Still it must ever be borne

in mind that they are slow in operation to do good ; but if they disagree, they are speedy to do mischief. Wine is better than bark, as it does not constrict. It is better than opium, as it does not constipate. It is better than any other remedy to raise the spirits sunken by sickness, and the pulse by inanition. And if diluted and given warm, or in whey, it supports the system, and tends to fulfil that all-important indication of keeping up a due perspiration.

DYSPEPTIC ASTHMA.

BY H. A. ROODS, M.R.C.S.L., LONDON.

THE discovery, by Dr. Marshall Hall, of the reflex action or function of the nerves, will doubtless enable physiologists to explain many phenomena heretofore deemed inexplicable. By reflex action I understand the property possessed by a nerve of transmitting an impression made upon the extremities of one of its branches to the extremities of another branch, whereby an effect is produced on the part to which such impression is conveyed, similar to that which would have followed had the impression been made directly upon the extremities of the branch thus secondarily affected.

The knowledge of the fact that the nerves are endowed with this power, or function, will enable us to understand how it is that the chief pain in disease of the hip-joint is often referred to the knee ; and how certain affections of the uterus occasion pain in the back, hips, and lower members, &c. &c. ; so the distribution of the branches of the pneumogastric nerve will serve to explain why cough should result from the presence of crude indigestible substances in the stomach. May it not also afford us some assistance in our inquiries concerning the causes and pathology of asthma ?

Most of your medical readers must have observed the almost instantaneous effects which sometimes follow the administration of opium and other medicines in cases of asthma, and which, from their rapidity, must necessarily be produced through the medium of the nervous system ; and if a curative effect can be produced on the lungs by an impression made upon the gastric branches of the eighth pair of nerves by a medicinal agent, we cannot reasonably doubt that a morbid impression made on the same branches, may, in like manner, occasion morbid effects in the tissues to which the pulmonary branches are distributed.

It is probable that some peculiarity of organization obtains in the lungs of persons subject to spasmodic asthma, which may be considered the predisposing cause of the affection ; but the exciting cause, or that which operates in producing a paroxysm, and which is occasional or accidental, we can perhaps discover and guard against. It is well known that attacks of this affection occur in all states of the atmosphere, whether it be dry, humid, warm or cold ; and that neither of these states renders the attacks either more or less prevalent, which is at least a negative proof that the exciting cause of paroxysms of spasmodic asthma does not reside in the atmosphere ; and unless it can be shown that the direct application to the

mucous membrane of the air-passages of particles of some noxious (gaseous or other) matter, will and does produce an asthmatic paroxysm, we may fairly conclude that the exciting cause operates indirectly; and that such is the fact, I have a strong conviction resulting from the close observation of the phenomena attendant upon or constituting this affection, in those cases which have come under my notice. In the case of a gentleman who has been for many years subject to attacks of spasmodic asthma of a very severe character, and for whom I have long been in the habit of occasionally prescribing, the attack has invariably appeared to have been the result of, and occasioned by, errors in diet; if he partook freely either of veal, salted meat, pastry, or various other edibles, an embarrassment of the respiratory functions, to a greater or less degree, usually supervened about half an hour or an hour afterwards; and although many slight attacks of this description passed quickly off, yet they frequently increased in intensity, and terminated in extremely violent paroxysms of spasmodic asthma. The inference drawn from these facts is, that the paroxysms alluded to resulted from a morbid impression made on the gastric branches of the pneumo-gastric nerve, which impression was conveyed through the trunk and pulmonary branches of this nerve to the mucous membrane of the air-passages, where it produced some functional derangement, the effects of which were the phenomena constituting the malady in question. The effect of remedies observed in this case would also lead to the same conclusion; sedatives of various kinds, as the lobelia inflata, morphia, &c., when given, mitigated, in some measure, the severity of the symptoms; the attack, however, rarely, if ever, passed off entirely, until the bowels had been acted upon. The most efficient remedy in this case was an aperient, of which rhubarb and magnesia were the chief ingredients; saline substances being occasionally added, in the more severe paroxysms, to increase the activity of the dose. This gentleman now generally carries in his pocket some compound rhubarb pills, of which he takes one or two in the event of a threatened attack, and often apparently with the decided effect of warding off a paroxysm. I have found aperients equally beneficial in other cases of this affection. Neither drastic purgatives, nor strong doses of saline medicines, usually prove advantageous; nor is venesection (so far as I can judge from the instances in which I have known it practised) productive of present relief or permanent benefit in these cases. As the nature and causes of asthma are confessedly not yet clearly understood, the foregoing observations may possibly possess some interest.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 27, 1841.

AMERICAN JOURNAL AND LIBRARY OF DENTAL SCIENCE.

WITH the commencement of the second volume of this unique periodical, published in Baltimore and New York, we feel it incumbent on us to

speak of its character, its influence, and its claims. If it had been announced, a dozen years ago, that a journal was about being published, exclusively devoted to the interests of dentistry, very likely the most judicious amongst us would have spoken of the impossibility of sustaining it, even if there were materials for filling its pages. Such a journal, however, does exist, of ample dimensions, and generous in all its expressions towards men in other pursuits. It is distinctly scientific in its character—and thus it carries its own recommendation to those who might apprehend that such a work would be made the instrument of a cunning or ambitious individual, who would not only use it for his own personal influence, but also convert it into an engine of oppression towards those whom he might wish to keep out of sight. No such feeling has ever been even remotely manifested. The Journal breathes nothing but a fervent disposition to distribute knowledge, and raise the brotherhood to an equal level of scientific eminence and respectability. The result of its influence, together with that of the Dental College, on the character of the dental profession in the United States, must therefore be incalculably beneficial. It will also tend to purge the land of all pretenders to dentistry. The public sentiment accords most harmoniously with the efforts of the leading members of the new dental association. People will not have their teeth ruined by an ignoramus, because they can perceive his skill by the manner of operation, however willingly they may swallow boluses that sap the foundation of health. In short, this Journal forms an era in modern dentistry, of which those devoted to the business, may well be proud. Not to encourage this publication, now published under the auspices of the American Society of Dental Surgeons, is an evidence of being behind the age, and denotes wilful ignorance of the rapid improvements in that important department of science. Physicians and associations should order it for the two-fold object of personal improvement and encouragement of the worthy proprietors.

Death of Mr. Elijah R. Mears.—A young gentleman of this name, of great worth and promise, who had nearly completed a course of medical studies, and was well known to the professional visitors and patients at the Massachusetts General Hospital, died in this city week before last, a memoir of whom we are desirous of obtaining. Not having had the good fortune to know Mr. Mears, and not having any data even for the construction of such an obituary notice as is obviously due to the memory of a very excellent young man, we solicit a short biographical sketch of his life from some one of his many associates.

Borrowed Books.—Gentlemen having books in their possession, borrowed of the editor, or from the Journal office, are respectfully requested to return them. We have a library of most singular aspect—being, to a melancholy extent, made up of odd volumes. This has been brought about by lending books to oblige friends, and they having forgotten to return them. The guests of Al Raschid, none being invited but those who had lost one eye, could not have appeared more striking, than will our library, in the sequel, if we should be unfortunate in recovering those parts which are missing. We are always happy to accommodate those who ask, with the use of new medical works; but it is certainly right and proper that they should be sent home in season. Again, we place an in-

trinsic value upon the autographs of the authors of very many of our books. We therefore hope that those who may have it in their power, will, in the spirit of kindness, aid in recovering them. There is another inconvenience resulting from their absence, sufficiently cogent to warrant us in asking for them, without any apology: it is necessary to have them at hand for ready consultation at all times.

A Medical Traveller.—Dr. Charles Matthews, who left the United States about fifteen years since, with a view to make discoveries in the interior of Africa, writes to a friend in Vermont, from Abyssinia, that he shall return in the summer of 1842, and that he has been generally successful in his researches. He had travelled from Morocco across the Great Desert, to Timbuctoo, and from that capital nearly to the Cape of Good Hope, back to Timbuctoo, and to Abyssinia, besides making several less important journeys, which had added much to his knowledge of the geography of the country and social condition of its people.

Graves's Practice.—The publisher must not think us remiss in noticing the American edition, which he politely sent some weeks since. It is in the process of being analyzed, and when we have ascertained all its claims as well as defects, a special notice will be given, with reference to these two points.

New Work on the Teeth.—At an hour too late for a more extended notice, we received by mail a treatise entitled "A Physiological and Pathological Inquiry concerning the physical characteristics of the Teeth and Gums; the salivary calculus; the lips and tongue, and the fluids of the mouth, together with their respective local and constitutional indications. By C. A. Harris, M.D."

Death by Irritation.—From the Boston Atlas we learn that Henry Cooledge, of Framingham, Mass., recently died under the following singular circumstances. Having shaved the face of his dead father, he soon after used the same razor in shaving himself. Although the father had died a natural death, and nothing remarkable had been observed in the manner of his decease, the face and head of the son began to swell almost immediately after having finished the operation of shaving, and he was himself soon a corpse. The absorption of virus from the dead body, if introduced on the edge of the instrument into the system of the son, seems not to have been there sufficiently long to have circulated, and his death is to be imputed, therefore, according to the writer in the Atlas, to irritation.

Common Soap as a Remedy for Burns. By THOS. WILLIAMSON, M.D., Edinburgh.—In cases of burns, common soap, besides its great value as a local application, commands the additional advantage of always being at hand in cases of emergency. The mode in which I am in the habit of employing it is this:—A common shaving box may always be procured, from which a good lather may, in the course of a minute or two, be easily obtained. This lather is then gently laid over the burnt surface by means

of a shaving brush, and repeated so soon as the first coat begins to dry, or the pain return. This practice ought to be repeated occasionally during the first day, or until such time as the pain is relieved. The benefit accruing to the patient is *immediate*, and the result of the practice highly satisfactory; for in more superficial burns, if early applied, vesication is prevented, and, in the course of a few days, desquamation of the cuticle follows, without leaving a raw surface. Of course, this, as a remedial measure, is most applicable to superficial burns; but even in such cases as involve destruction of the more deep tissues, it is not used without advantage, in so far as the personal comfort of the patient is concerned. In such cases, after the lapse of a few days, the crust formed by the soap is easily removed, so as to permit the employment of other remedies, if necessary. I am not prepared to say whether the benefit and instantaneous relief, following the application of the lather, are to be ascribed to its chemical composition, or simply to the fact of its affording some degree of protection from atmospheric agency, or both.—*London Med. Gaz.*

Iodide of Potassium. By JAMES C. L. CARSON, M.D.—The perusal of the article "Iodide of Potassium," in Pereira's *Materia Medica*, brings to my recollection a case which occurred in my practice about three years ago. I ordered a gentleman three grains of iodide of potassium in a draught of peppermint water, three times a day. When he had taken the medicine three times he felt poorly; and in the course of an hour after the fourth dose he was attacked with a violent shivering fit, followed by intense headache, heat of skin, constant thirst, quick and very full pulse, and vomiting and purging at the same time. These symptoms were succeeded by great prostration of strength. Notwithstanding the exhibition of demulcents and opiates the purging lasted for several days. The effects of the medicine in this case were so violent that I have little doubt, that if he had taken another dose, his life would have been forfeited. This is the only instance, which I have seen, of the iodide of potassium producing unpleasant effects in doses under ten grains.—*Ibid.*

Medical Miscellany.—Mr. J. S. Grimes is lecturing at Montpelier, Vt., on phrenology. An editorial notice says that he is the author of a new system of phrenology, "differing from that of Spurzheim." O! the quackery of the age!—Nothing more on animal magnetism is admissible into this Journal, unless it comes from a more respectable source than the Collyer exhibitions. The gentleman, therefore, who forwarded a narrative from Portland, must not feel himself neglected on any other account.—Smallpox has appeared in the neighborhood of Woodstock, Vt.—One of the jurors on the trial of the celebrated McLeod, was Dr. Edmond Allen—thus showing that the law has no objections to a physician as a jurymen, although the vulgar notion is extensively entertained that medical men are not permitted to act in that capacity.—Yellow fever was on the increase, by the last accounts, at Vicksburg—many new and fatal cases were developed within a few hours of each other. The same disease still exists at New Orleans, but lessened in malignity.—The Military Hospital of Rome has been placed under the direction of the revised institution of St. John of Jerusalem.—At Val de Grace, Paris, a bronze statue of Broussais was erected and dedicated, Aug. 21.—According to the New York

Medical Gazette, the Fellows of the Royal Academy of Medicine are so noisy that the President is obliged to make a racket, officially, with a great bell, to preserve order. The same Journal speaks of the endermic method of using quinine, in Italy.

MARRIED,—At Hanover, N. H., on the 8th ultimo, Arnold Morgan, M.D., of Hartland, Vt., to Miss Frances S. Beedy, of Hanover.—At Northampton, Mass., Dr. Samuel Sanstead, to Miss H. Butler.

DIED,—At New Hartford Conn., Dr. Calvin Cooke, 36.—At Vicksburg, by yellow fever, Dr. King.—At Coventry, Conn., Dr. Daniel Avery, 80.—At Burlington, Dr. Robert Moody, who was instantly killed by being thrown from his carriage.

Number of deaths in Boston for the week ending October 23, 38.—Males, 23; Females, 15. Stillborn, 2. Of consumption, 5—accidental, 1—typhus fever, 4—debility, 3—dysentery, 1—bronchitis, 2—marasmus, 3—fits, 2—inflammation of the bowels, 3—canker, 1—lung fever, 1—old age, 1—dropsy in the head, 2—cholera infantum, 1—scarlet fever, 1—inflammatory fever, 1—dropsy, 1—disease of the kidneys, 1—infantile, 1—unknown, 1.

ONE MEDICAL STUDENT,

Of correct moral habits, can be received into a physician's family on reasonable terms during the ensuing course of Medical Lectures in the city. Location convenient. Inquire at the Medical Journal office. O 20—3t*

Boston, October 18, 1811.

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THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 23—copy

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Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

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On Diseases of the Chest, and Midwifery, by	- - - - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.
Theory and Practice of Medicine, by	- - - - -	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	- - - - -	DR. PARKMAN.

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O. 13—coptf	H. G. WILEY,	S. PARKMAN.

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

THE Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.
GEORGE McCLELLAN, M.D., Surgery.
WILLIAM RUSH, M.D., Principles and Practice of Medicine.
ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.
SAMUEL McCLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.
WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—ep6w

S. G. MORTON, M.D., Dean.

MEDICAL LECTURES IN BOSTON.

These Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by - - -	Dr. WARREN, \$15,00
Milwitery and Med. Jurisprudence, by - - -	Dr. CHANNING, 10,00
Materia Medica, by - - - - -	Dr. BIGELOW, 10,00
Principles of Surgery and Clinical Surgery, by - - -	Dr. HAYWARD, 10,00
Chemistry, by - - - - -	Dr. WEBSTER, 15,00
Theory and Practice of Physic and Clinical Medicine, by - - -	Drs. WARE and BIGELOW, 15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1841.

S 1—eptN

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841—42.

THE regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been *recently* added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

UNIVERSITY OF NEW YORK—DEPARTMENT OF MEDICINE.

THE annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.

GRANVILLE SAMP PARRISON, M.D., Professor of Anatomy.

JOHN REVERE, M.D., Professor of Theory and Practice of Medicine.

MARYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2,50 to \$3,00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a SURGICAL CLINIQUE has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Jy 28—eptN1

Secretary to the Faculty.

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.

JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.

T. ROMEYN BECK, M.D., Prof. Materia Medica.

EBENEZER EMMONS, M.D., Prof. Obstetrics and Natural History.

LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.

JAMES H. ARMSBY, M.D., Prof. Anatomy.

THOMAS HUN, M.D., Prof. Institutes of Medicine.

AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3,50 per week.

ALDEN MARCH, M.D., *President of Faculty.*

J. H. ARMSBY, M.D., *Registrar.*

Ang. 11—6w

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, NOVEMBER 3, 1841.

No. 13.

CATARRH.

ABRIDGED FROM LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC, AT KING'S
COLLEGE, LONDON, BY DR. WATSON.

THE mucous membranes, in the state of health, are perpetually *moist*. The exhalation of this moisture, to a certain amount, and *not beyond* a certain amount, constitutes an essential part of their healthy functions. Now their *inflammation* (for I am about to consider first the inflammatory affections of the membrane of the air-passages; some of them, indeed, I *have already* discussed), I say the inflammation of these mucous surfaces alters their ordinary secretion. An inflamed mucous membrane is in the first instance *dry*; its secretion is suspended. But this is not the only change that takes place in it; it becomes tumid also, swollen, thicker than before; it is redder than natural; and its sensibility undergoes a perceptible modification. *Pain*, in mucous membranes, is *not* a common phenomenon: for their texture enables them to expand or dilate freely, so that they escape much tension, and the pain which is produced by tension: but their natural sensations are blunted, and new and uneasy sensations arise in them; sensations of heat, fulness, itching. It happens that we can *see* a portion of the mucous membrane that belongs to the air-passages: and by noticing the changes produced in it by inflammation, we infer those which are apt to take place in the parts we *cannot* see. We have all often experienced in our own persons an inflammatory state of the membrane lining the nasal cavities; the schneiderian membrane. At first the nostril is preternaturally dry: yet though it is dry, you cannot breathe through it: it is stuffed up; not with accumulated mucus, but by the mere swelling of the membrane: the sense of smell is perverted or lost; the part is evidently red; it is tender also and irritable; the contact of atmospheric air a little colder or a little less pure than common, provokes sneezing. The affection extends often into the frontal sinuses; and headache and oppression ensue: or it passes into and through the lachrymal sac, the conjunctiva participates in the inflammation, the puncta lachrymalia become impervious, and the tears flow over the cheek. And with all this there are sometimes shivering or chilliness; and the pulse, especially in the evening, becomes a little more frequent than common. There is slight fever. After the unusual dryness, the membrane begins to secrete a thin, serous fluid, having acrid properties: for it reddens and frets the alae nasi and upper lip over which it flows. By degrees, this thin, serous fluid becomes thicker, and as it becomes thicker, it be-

comes less irritating also, more viscid, opaque and yellow: the swelling of the membrane diminishes; it is less raw and sensitive. At length the secretion resumes its natural *quality*, and is reduced to its natural *quantity* again; and the tumefaction of the membrane entirely disappears. This is the course of what is popularly called a *cold in the head*. When the defluxion from the nasal membrane is considerable, systematic writers call the complaint *coryza*; when it is attended with much pain and weight about the *frontal sinuses*, it is named *gravedo*. It is a variety of *catarrh*. In catarrh, sometimes one part, and sometimes the whole, of the mucous membrane of the air-passages suffers inflammation. If the disorder goes down into the lungs, it is said to be a *cold in the chest*; or, from one of the most prominent of its symptoms, a *cough*: in medical language, *bronchitis*. It sometimes travels from one part of the membrane to another. Beginning, for example, in the nose, it gradually creeps down into the wind-pipe and lungs. Sometimes the inflammatory condition passes from the throat into the Eustachian tubes, and produces deafness; or down the gullet and to the stomach, causing qualmish or other uneasy sensations, and a loss of appetite. And occasionally this order appears to be reversed. There are some persons who will tell you that whenever anything disagrees with their stomach, whenever dyspepsia is produced by some error in diet, they are sure to have catarrh.

Now I have adverted to this *cold in the head*, or *coryza*, because the phenomena which are open to our inspection in the schneiderian membrane take place also, no doubt, in the bronchial. The membrane is first dry, and tumid and irritable; the uneasy sensations of which it is the seat prompt to the action of coughing. The chest feels tight, stuffed, constricted. There is some hoarseness, and a sense of roughness and soreness in the windpipe; and a dry cough, which seems to arise from some irritation about the glottis. Sometimes, with these symptoms, pains in the limbs, like the pains of rheumatism, occur; the appetite is impaired; the patient is thirsty; and a general lassitude is felt all over the body.

But what effect has the altered state of the membrane upon the sounds elicited by percussion; or heard within the chest, by the ear, during respiration? Why it brings us acquainted at once with two remarkable modifications of the natural sound of breathing.

When you listen to the breathing of a healthy person, you hear, as the breath goes in and out, but especially as it goes in, a smooth and gentle rush—the *respiratory murmur*, or the *vesicular breathing*. But when the inner surface of the bronchial tubes, and of their ramifications, is preternaturally dry, and tumid, this sound is altered: you hear a hissing, or wheezing, or whistling, as the breath goes in and out; and this is technically called *sibilus*: or you hear a deeper note, a snoring noise, as the patient inspires or expires—a sound like the cooing of a pigeon, or the bass note of a violin, or the droning hum of an insect in its flight; and this is called *rhonchus*. These two, in their various modifications, constitute the *dry* sounds of respiration; they have no relation to the voice or to the cough.

After a while the inflamed membrane begins again to pour out fluid; but it is not the thin, bland, moderate exhalation of health; it is a glairy,

salish, transparent liquid, like white of egg somewhat ; and if it be expectorated only after much coughing, it will be frothy also, *i. e.* it will contain many bubbles of air entangled in it. It is a stringy, tenacious fluid, and the more so in proportion to the intensity of the inflammation. With this new condition of the membrane, we have new sounds—sounds which result from the passage of air through a liquid ; sounds which are occasioned by the formation and bursting, in rapid succession, of numerous little air-bubbles. These sounds are called *crepitations*. This process may take place in the larger air-tubes, or it may take place in the smaller, or in both. In the larger tubes the bubbles will be larger, and the ear can readily distinguish this ; we have *large crepitation*. In the smaller air-tubes we have, in the same way, *small crepitation*. There is no difference between these sounds, except in degree ; and they graduate insensibly into each other. But there is a considerable difference in the nature of the intimations which their well-marked varieties convey. If there be merely large crepitation, without any other morbid sound, it is produced in the larger tubes. Air passes, notwithstanding, into the vesicular structure *beyond* the accumulated liquid ; and vesicular breathing *exists*, though perhaps it *cannot be heard*, on account of the crepitation. But the state of the patient is not a state of peril. On the other hand, small crepitation has its seat in the smaller air-tubes and cells ; it supersedes the vesicular breathing, and, if extensive, it bespeaks considerable danger.

Rhonchus and large crepitation are respectively the dry and moist sounds that belong to the larger bronchi ; sibilus and small crepitation the dry and moist sounds of the smaller branches. When the latter sounds are heard over a considerable part of the chest, there is, I say, usually a good deal of distress, dyspnoea and cough ; and the fever which attends the local inflammation is at its height. By-and-by the expectoration becomes opaque, and more consistent, and of a greenish or yellowish color ; it is brought up with more ease ; the crepitation, great and small, diminishes ; perhaps rhonchus re-appears : but at last the parts return to their original condition ; and the natural, smooth, equable rustle of the breathing is again everywhere audible.

These are all the morbid sounds to which active and recent inflammation of the mucous membrane of the air-passages ever gives rise : rhonchus and sibilus ; large and small crepitation. I may mention here, that as crepitation results from the passage of air amongst and through liquid, from the rupture of the little air-bubbles so produced, the *kind* of liquid may vary. If the air, in going and returning, meets with serum, or with pus, or with blood, it will occasion exactly the same bubbling noise. Hence the French term for what I have been calling crepitation, *viz.*, *mucous rattle*, is very objectionable. From the sound itself, we cannot tell whether it proceeds from *mucus* or from some other liquid present in the air-passages ; and from this objection the word crepitation, whatever exception may be taken against it on other accounts, is free.

I will now resume the history of catarrh. It implies inflammation of the mucous membrane of the air-passages ; and it receives different appellations, according to the district of that membrane which it chiefly

plagues ; gravedo, in the frontal sinuses ; coryza, in the schneiderian membrane of the nose ; bronchitis, in the trachea and lungs.

Catarrh is the commonest of all disorders. Not one man in ten thousand passes a winter without having a *cold* of some sort. And this name points to its ordinary cause ; cold somehow applied to the body. It does not always or often result, I apprehend, from cold air brought into contact with the membrane itself, in the process of breathing ; but from cold, and especially from cold and wet, applied to the external integument. Catarrh is usually a mild disorder, and runs its course in a few days, if abstinence be observed with respect to animal food and stimulating liquor, and if the patient remains in an equable temperature, and avoids re-exposure to the cause of his malady. I am now speaking of the milder forms of catarrh. We are not often consulted for this complaint. Every man, in regard to a cold, thinks himself qualified to be his own doctor. But if you *are* consulted, keep your patient in the house, or even in bed ; let him live upon slops ; give him a gentle aperient, and then some of those medicines which are esteemed to be diaphoretic : small doses of James's powder ; three drachms of the liquor ammoniæ acetatis, with a drachm of the spiritus ætheris nitricus, and an ounce of camphor mixture ; or a saline draught with an excess of alkali, and a few grains of nitre, or a little antimonial wine ; three or four times a day : and let him take four or five grains of Dover's powder, and put his feet and legs into a warm bath, just before he goes to bed. In this way you may conduce to his *recovery*, and he may be simple enough to believe that you have *cured* him.

Yet I believe catarrhs *may* sometimes be *cured* : and the natural recovery from them *may* be, *sometimes*, accelerated. If you practise the old maxim, which says, "*venienti occurrere morbo*," you may occasionally stop a cold on the threshold, as it were, by an opiate. And to persons who are habitually troubled with slight catarrhs, this piece of practice may prove of the greatest value. A medical man who resides in this neighborhood, and with whom I was a fellow-student, is exceedingly subject to what he calls a snivelling cold. For many years he used to bear this as he best might : and that, to say the truth, was very ill and impatiently. On one occasion, almost by accident, he took twenty drops of laudanum just as one of his colds was beginning to torment him ; and he found that the initiatory symptoms ceased. Since that time he has constantly had recourse to the opiate under similar circumstances ; and whereas he used formerly to be very miserable for three or four days, he is now quite well and comfortable in the course of half an hour. And this is not a solitary case. It is worth trying, if you experience the feelings of an incipient catarrh, to go to bed, and to take a beaker of hot-wine negus, with a tablespoonful of the syrup of poppies in it. This will not suit every person ; but if it fails on the first trial, it need not be repeated, and no great harm, beyond an increase of headache, will be done by it. I would not recommend this plan, however, to a plethoric person ; nor to any one having a tendency to inflammatory disease ; for when it does not cure, it makes the complaint worse.

There is also a period in catarrh which has gone on unchecked, when

you may accelerate its departure—"speed the going guest"—by a good dinner, and an extra glass or two of wine. But this pleasant method is scarcely to be advised for persons of delicate habits; or in whom any phthisical tendency is suspected to exist; or who are prone to inflammation. And it is not to be tried with any one till the fever is over, and the expectoration thick and loose.

I must not omit to mention the *dry plan* of cure; although (I confess it with some shame) I have never yet tried it either upon myself or upon others. Dr. C. J. B. Williams, who invented it I believe, has a high opinion of its efficacy. It certainly has the merit of simplicity, for it consists merely in the abstinence from every kind of drink. No liquid, or next to none, is to be swallowed until the disorder is gone. The principle here concerned is that of cutting off the supply of watery materials to the blood. The wants of the system exhaust, from the circulating fluid, all that can be spared for the natural evacuations; and there is nothing left to feed the unnatural secretion from the inflamed mucous membrane. Its capillary vessels cease to be congested; the morbid flux is diverted, and the inflammation is starved away. Such is the theory. Habitual toppers might hold the remedy to be worse than the disease; but Dr. Williams assures us that the necessary privation is not very hard to bear, and that it achieves a cure, upon an average, in forty-eight hours. He allows, without advising, a tablespoonful of tea or milk for the morning and evening meals, and a wine-glass of water at bed-time.

One great advantage of this plan is, that it does not require confinement to bed, or to the house. The man whose business calls him abroad, may, with appropriate clothing, pursue his customary employment, and his cure is all the while going on. In fact, exercise, inasmuch as it promotes perspiration, helps the recovery; whereas the system of warm drinks and diaphoretics renders the body more susceptible to atmospheric vicissitudes; and, to be effectual, implies restrictions which are oftentimes extremely inconvenient.

Dr. Williams observes, that while this dry treatment is serviceable in catarrhal bronchitis, it is *most* successful in coryza, the snivelling cold in the head. It must be put in force in the very commencement of the disorder.

You may often do much by way of *prevention*, for persons who are unusually liable to take colds. I have remarked before upon the great value of the *shower bath* for that purpose. I could mention several instances in which persons have got rid of the tendency to catch cold by the habitual adoption of this measure. It should be begun in the summer, and used tepid at first; but in a short time quite cold water may be employed; and being once begun, the practice may be continued through the winter. I stated formerly, that the effect of exposure to cold was, *cæteris paribus*, in proportion to the intensity of the duration of the *sensation* of cold that it produced. The intensity of the sensation of cold under the shower bath is considerable, but the duration of it is momentary. It operates as a prophylactic in this way: it inures the surface to a lower temperature than it is likely to be subjected to at any other part of the day. The lesser degrees of cold have then no injurious effect, un-

less they are long protracted. For those who cannot procure a shower-bath, or who cannot bear its shock, cold sponging will be found exceedingly salutary.—*London Medical Gazette.*

FATAL CASE OF EMPYEMA.

BY WILLIAM THOMAS BORTHWICK, ESSEX.

MARY ANN BATEMAN, aged 19, a native of Ireland, was admitted under Dr. Corbet, on the 13th of July. From her occupation, which was that of a pea-picker, she had been exposed to the vicissitudes of the weather, working almost constantly in the open fields, and from her wretched poverty, obliged to rest in barns and out-houses during the night, with but a scanty supply of clothing. She stated that for some months she had been laboring under an affection of the chest, which for three weeks previous to her admission had incapacitated her from following her occupation.

When admitted she complained of severe pain in the chest, and difficulty of breathing, accompanied with a short, dry cough, and an uneasy sensation in the right hypochondrium, increased on pressure: her pulse was 100; her bowels constipated, and tongue furred. She had had no appearance of menstrual discharge since the commencement of her illness. The treatment adopted was venesection to sixteen ounces, purgative medicines and low diet.

She appeared to obtain considerable relief from the bleeding, which was repeated, and in a few days was so far recovered as to be able to leave her bed. Gradually, however, the pectoral symptoms returned, accompanied with rigors, and despite the most active treatment continued to increase. In the beginning of September, the period at which I first visited her, she was laboring under the most distressing dyspnoea, unable to maintain the recumbent posture more than a few minutes; painfully anxious; restless during the night; her pulse rapid and feeble; her strength prostrated, and her appetite lost. There was a preternatural change in the shape of the chest, the right side being considerably expanded and quiescent, respiration being apparently maintained altogether by the left lung. There was also a dull sound on percussion, and a total absence of respiratory murmur. In the course of a few days two circumscribed tumors made their appearance externally; one between the second and third ribs, and the other between the seventh and eighth, accompanied with œdema; and on pressing on them alternately, the fingers of one hand being applied to the upper swelling, and those of the other to the lower, distinct fluctuation was observable; justifying the diagnosis at which we had previously arrived, that there was an extensive collection of fluid within the cavity of the chest.

On the following day (Sept. 12), Mr. Jordison, of South Ockendon, who had previously seen the case, was called into consultation, and we determined on puncturing the chest; but from an objection on the part of the patient the operation was delayed. In the mean time expectoration supervened, but without affording any relief to her sufferings, and as

it was evident the girl was sinking, it was thought prudent to abandon the operation altogether. She died on the 19th.

Inspectio Cadaveris.—This took place on the following day, Mr. Jorison, Dr. Corbet and myself, being present. On opening the chest, the right cavity was found filled with an enormous quantity of pus (seven or eight pints), which flowed out freely the moment the sternum and cartilages of the ribs were raised. The cyst in which it was contained was of a greyish, marbled appearance, formed apparently by a thin layer of the outer surface of the lung, the remainder of which was completely absorbed, except a portion of the root, of about half the bulk of the hand. The pleura pulmonalis was firmly adherent to the pleura costalis, and both much thickened. Opposite the points where the tumors had presented externally, ulceration had taken place, extending in the upper situation through the intercostal muscles. The extremities of the bronchial tubes were found blocked up with coagulating lymph; thus accounting for a remarkable feature in the case, the absence of expectoration: this symptom, as I have noticed, not having presented itself until a few days before death, and then only in a moderate degree. The left lung was perfectly healthy; but a considerable effusion of serum was found in the cavity of the corresponding pleura. The pericardium was also filled with serous fluid; and there was a large deposit of fibrine on the outer surface of the heart, otherwise that organ was in its normal state. No change was observable among the abdominal viscera, with the exception of a considerable enlargement of the liver; partly the result of hypertrophy of structure, and partly of congestion of the hepatic veins.—*London Lancet.*

DOUBLE VARUS CONGENITUS—SUCCESSFUL OPERATION

BY JOHN B. BROWN, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MISS E. A. SAWTELL, æt. 10, entered the Orthopedic Infirmary in Boston, May 9th, 1840. She has double varus congenitus of the third degree; left foot the worst; both feet are turned in to nearly a right angle with the legs. She rests her weight, when she stands or walks, on the outside of the feet and the external ankle, the sole looking upward. As she steps, one foot goes over the other. (See figs. 2 and 4.)

May 14. Divided the tendo-Achillis in both feet, and the tibialis anticus in the left foot, in the presence of Drs. J. Randall and E. W. Leach.

July 30. It is now rather more than six weeks since these feet were operated upon. They are both very much improved, and she walks very well. The right foot has improved faster than the left. There appears to be a thickening of the sheath of the heel cord, which prevents the heel from being brought down. Re-divided, this day, the tendo-Achillis, together with its sheath. She returned home in about twelve weeks from the time she came to the Infirmary. Her feet are as represented in figures 1 and 3.

FIG. 1.

FIG. 2.



FIG. 3.

FIG. 4.



After Miss Sawtell's return home, the following favorable notice of the case appeared in the *Boston Medical and Surgical Journal*, communicated by her physician, Dr. Wilder, of Groton, Mass.

"Miss Sawtell, of Groton, æt. 10, general health good, muscles well developed, had what is termed double varus of the third degree, as bad as it could well be, as the feet were nearly vertical. The point of support was the outer ankle, nearly up to the end of the fibula, and the foot so completely turned that the sole looked nearly upwards. The unnatural points of support were most of the time so much inflamed as to be very painful, and many times so much so as to prevent sleep. Walking, or rather hobbling, was exceedingly difficult and painful, precluding all expectation of her limbs ever being of much service to her. Upon being informed of the improvements in surgery, and of the skill and success of Dr. J. B. Brown, of Boston, her friends determined to place her under his care, which they did the 14th of May last, where

she remained until the 23d of August, when she returned with her feet entirely changed, so that she placed the sole of the foot perfectly upon the floor, with the soles in the position they should be, in relation to the limb, neither in nor out too much. When the muscles and tendons have had time to become accustomed to their present position, and regain full strength, I think it will be a case of complete success, and that she will not only walk with ease, but elegance. A. H. WILDER, M.D."

FUNGUS HÆMATODES.

[THE following case of fungus hæmatodes, in which amputation, though at first apparently successful, did not long save the life of the patient, is related in the London Medical Gazette by T. Abraham, a surgeon of London.]

A young lady, aged 20, in the autumn of last year, hurt her knee by a fall, but did not feel much of it at the time, and continued to walk without much inconvenience for about six weeks afterwards, when the joint became very painful on being moved or pressed upon. It gradually enlarged all round, but was not discolored. Darting and lancinating pains were at length felt in the joint and lower half of the femur, which much harassed and distressed her day and night. In this state I found her on the 15th of January last, when requested to attend the case with Mr. Bateman, who had been previously assisted by Sir Benjamin Brodie.

It is not my intention to occupy your space in detailing the treatment; suffice it to say, that the pains were mitigated in a few days, but every attempt to cure or suspend the progress of the disease proved useless. The swelling on each side and in front of the joint daily increased, presenting a soft and elastic feel, with an obscure sense of fluctuation. Mr. Bateman and I now considered that, as the disease was progressing, but confined to the limb, and the patient's health rapidly giving way, amputation was the only means of checking it: in this opinion we were afterwards corroborated by Sir B. Brodie.

On February 27th amputation was performed about two-thirds up the femur; this being rendered necessary by the extensive disease of that bone. On laying open the joint after amputation, a large hæmatoid tumor, or substance resembling coagulated blood intersected by cellular strata, was found in it, and the lower half of the femur carious, in which, most probably, the tumor originated. In about two months the stump was healed, and the patient gradually improved in health, so as to be able for a few weeks to take carriage exercise, and visit her friends. In the beginning of July, however, she was very ill, and it was discovered that effusion into the left side of the chest had taken place. On the 8th of August she expired.

A post-mortem examination having been permitted by her friends, it has set at rest any doubt that may previously have been entertained as to the nature of the complaint. My friend Mr. Blyth (Mr. Bateman being from home) and I found about two quarts of serum in the left side of the chest, extensive pleuritic adhesions, the *whole* of the left lung con-

verted into an encephaloid mass, weighing about two pounds, of a reddish-white hue, more consistent than brain, and greasy to the touch. The heart (forced into the right side of the chest) was small and pale; the parietes thin, the valves sound; the right lung was much compressed, and thickly studded with calcareous deposits. No disease was found in the abdomen.

The above statement is forwarded as additional evidence (if any be wanted) of fungus hæmatodes, or medullary sarcoma, being dependent on a morbid condition of the blood, and of its re-production and rapid growth in another part after it had been removed from its primary seat.

COMPRESSION IN THE TREATMENT OF MAMMARY ABSCESSSES.

BY MM. TROUSSEAU AND CONTOUR.

IN this memoir there are two distinct parts; one devoted to the description of abscesses of the breast, the other intended to recal the attention of practitioners to a curative means too much neglected in their treatment, namely, compression. The following is the mode in which it is to be applied:—It is to be accomplished by strips of plaster, broad, and sufficiently long to go several times round the body. The surgeon, standing by the side of the patient, must first fix one of the extremities of the strip at about the middle of the back, then carry it towards the side of the chest, then pass it over the breast, beginning at the lowest part, then obliquely from below upwards to the outer third of the clavicle on the healthy side, and then obliquely downwards across the back, so as to cover the extremity of the slip already fixed. Following this course several times, he must take care that the portion of the band applied each time covers the two upper thirds of the preceding turn. But it is easy to see that if the bandage is always carried in the same direction, the breast cannot be completely covered; and that, on the other hand, as its several turns go across the clavicle of the healthy side, the movements of the shoulders would tend to displace it, and the lower part of the breast might soon be uncovered. Other strips of plaster are therefore applied, which, proceeding from the anterior and upper part of the abdomen, ascend, crossing the first obliquely; then pass under the axilla, and return, after passing over the posterior part of the chest, to the part where they were first applied, and then are carried again along the same track, covering each time the two upper thirds of the strip last applied. The breast is thus completely covered by the bandage, which is prevented from rising by this last described, which ought to cover only the upper part of the breast.

To compression thus employed the authors attribute many advantages. In the first place, it immediately relieves the pain; it combats and diminishes the inflammatory engorgement, at whatever period it is applied. When employed after opening the abscess, it decidedly favors the evacuation. And although when employed too long, at a period when the process of suppuration is active, it might have the disadvantage of making the pus extend over a large surface, yet this may be avoided by removing the bandages at a time when it is probable that matter has fairly

formed. If this be done, and the abscess opened, the bandages may be again applied, after two or three days' poulticing, with good effect.—*London Medical Gazette, from Jour. des Connais. Med. Chirurgicales.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 3, 1841.

STATISTICS OF AMPUTATION.

In last week's Journal was a paper of extraordinary interest, by Prof. Trowbridge, late of the Willoughby University, Ohio, from which it appears that he has performed amputation of the thigh in eighty-five cases—a larger number, probably, than has occurred in the private practice of any other surgeon in the United States. Dr. Trowbridge, it must be kept in mind, has never been connected with a hospital, but exclusively at the service of the public as a private practitioner of surgery. If he were to narrate some of the individual cases which have come under his eye, since the settlement of the Black-river country, as it is familiarly called, where he has generally resided, there would be much to equal the graphic stories in the popular *Diary of a Physician*, as well as to instruct other practitioners of surgery. To have travelled over the vast extent of country to which, we understand, Dr. Trowbridge has been called, by day and night, amongst the poor as well as rich, for thirty-four successive years, is extraordinary in itself—and doubtless very many of his capital operations have been performed under circumstances the most inconvenient and discouraging. The present race of surgeons will know but little of the privations and hardships of the old school of operators now passing away. Another important feature in regard to Dr. Trowbridge's eighty-five amputations of the thigh, is the fact that so few died—sixty-five having entirely recovered. He has also thrown some important light upon the value of the several modes of cutting, which is worthy of special study. Reminiscences of a similar character, embracing any department of medicine, from other sources, would be gratefully received by the professional public.

Development of particular Organs in Dwarfs.—In the course of conversation with Dr. Ware, the other day, he suggested the importance, to physiologists, of ascertaining to what extent, and at what periods of life, the teeth, for example, and other essential organs of the body, become perfectly developed, if at all, in dwarfs; or whether some of them remain in *statu quo*, after a certain infantile period. If any of our correspondents are possessed of facts illustrative of these points, their publication would add to the meagre fund of information upon this subject now possessed. We have individually had some opportunity of an acquaintance with the celebrated dwarf, major Stevens, and feel qualified to certify to a few interesting physiological facts. In early life, we also knew the Lilliputian songsters, Mr. and Miss Clark, brother and sister, two miniature specimens of humanity—then old, although just entered upon the active field of life. The little lady was indeed a woman, though scarcely

a yard in height; but the brother was quite her inferior, both in mind and body. However, trusting that some one may furnish something illustrative of the physical condition of these anomalies, and, if possible, clear up obscurities that somewhat envelope the natural history of them, we shall defer any further remarks for the present.

Physical Characteristics of the Human Teeth.—In last week's Journal we had occasion to commend to the notice of our readers the new Dental Journal, with which the name of Dr. Harris, the author of the work above named, is intimately identified. This is a treatise of one hundred and nineteen large-sized octavo pages, beautifully printed, and devoted to the consideration of the following subjects, viz.—*physical characteristics of the human teeth and gums, the salivary calculus, the lips and tongue, the fluids of the mouth, &c.* Dr. H. is now one of our most elaborate writers, and is justly considered high authority on dental surgery. Originally, the whole treatise, being a physiological and pathological inquiry into the physical characteristics of the teeth, was read at the late annual meeting of the American Society of Dental Surgeons, at Philadelphia. Perhaps no one could have arranged such an amount of important, useful matter on any one subject, and had it less liable to objections, than has the author in this book. Yet he says in the preface, this was “written in haste, without time for revision or correction.” Few persons write with such facility, and none, probably, who will find more favor from their particular professional brethren. Each chapter is a complete dissertation, on the subject of which it treats, and when brought together into a single volume they certainly present a respectable appearance, aside from all considerations of intrinsic worth. We really desire to have it extensively circulated—for there is no need of going abroad for authorities on dentistry—it being now questioned, even by foreigners themselves, whether there are any dentists in Europe superior to those in the United States.

New Tonsil Instrument.—Dr. Haynes, of Concord, N. H., well known as the inventor of an abdominal supporter now in general use, has politely forwarded, for inspection, an entire new contrivance for the excision of diseased tonsils. Although it cannot be said to be on a new principle, yet the combination of the several parts, one upon the other, are of such a nature, and so much better, we should think, than those generally in use, that it cannot be examined by surgeons without eliciting commendation. Unfortunately, in coming to Boston, an essential part of the instrument was broken; still, the manner of using the knife, and its peculiar motion, alternating with a long, steel needle, which is designed to transfix the excised organ, is clearly understood. Gentlemen interested in this branch of the profession, are invited to look at it. Its beauty and finish, as a whole, cannot well be excelled. England never produced a more perfect specimen of elegant cutlery.

Criteria for judging of Age in Children.—A correspondent, who has examined a dwarf recently exhibited in this city, expresses a doubt about his having reached the age of seventeen, as represented by the person who has the care of him. “In the first place,” says the writer, “this individual has all the air and manner of a child; there is about him none

of those attributes of the adult form and development which I have seen in other dwarfs. He does not look like a *little man*, but like a *little child*. But what struck me more than this, was the state of his jaws and teeth. These present, exactly, the characteristics of a child six years old. He has not shed a single tooth, and the first of the permanent molars has not yet made its appearance." It seems that on being asked if he had ever shed any teeth, he appeared not fully to understand the question. "Now," continues our correspondent, "either the law of development has been arrested in this individual, or an imposition has been practised by his friends on the public." Not knowing the particulars of the case, having had the little information we possess, touching the matter, from the man who has the care of the individual exhibited, we are unable to give any satisfactory explanation. The gentleman referred to is alone able to answer the inquiries of our anonymous correspondent, which it is hoped he will have the frankness to do at once.

A Town without a Physician.—A pleasant and thriving town in Middlesex county, Mass., the other day, was without a physician. A letter was shown us from a respectable gentleman of the place, who spoke of the desire of the inhabitants to have some one, who could be properly recommended, take up a residence there, not doubting that he would obtain a generous support. Having been requested to make some inquiry with reference to finding a candidate for the place, we commenced the present article, but had little more than written the caption, when a gentleman called to say that the ground was taken up. Still, it may be regarded in the light of a phenomenon that the circumstance should have happened, that a town in the State of Massachusetts should be for a single day without a settled practitioner of medicine.

Artificial Pupil.—Dr. Jeffries, one of the surgeons of the Eye and Ear Infirmary, of this city, has made some important improvements in the method of making artificial pupils, which will soon be made public through a series of reports in this Journal, which are expected from his own hand.

If medical gentlemen would oftener consult cases in that institution, and see for themselves the happy progress made in the general management of diseases of the eye, it is quite certain they would derive great profit from it. The surgeons are always willing to explain everything, and to exhibit the condition of their patients, without hesitation.

Yellow Fever.—Although the cases are gradually diminishing in number, at New Orleans, the intensity of the disease seems not to have abated, since a large proportion of the cases are as fatal as ever. We shall begin to believe that Dr. Barton's assertion is true, that New Orleans would not be a sickly city, if people unacclimated would only keep away till the proper season, when they can go there with impunity. The North, and not the city itself, supplies the materials for the great waste of life in New Orleans by yellow fever.—At Vicksburg, from late accounts, it is inferred that the fever by this time is beginning to subside, although its progress has been marked by a melancholy destruction of human life.

Dartmouth College.—Thirteen gentlemen were admitted to the degree of M.D., at the close of the lecture term, last week. The session has been a prosperous and honorable one for the medical department of that excellent institution.

The Select Medical Library.—Dr. Bell's Medical Library and Bulletin of Medical Science for October, though late, is a valuable number. The Bulletin, or miscellaneous department, comprises twelve pages, and is mostly made up of extracts from foreign journals. The Library department consists of Underwood's Treatise on the Diseases of Children, complete, being from the ninth English Edition, with notes by Drs. Merriam and Marshall Hall, to which are now added notes by Dr. Bell. It forms a volume of 368 handsomely-printed pages, and is a valuable treatise, though on a subject which has been so ably handled by others.

Over-dose of Oil of Tansy—Recovery—Analysis. By Dr. C. H. RAYMOND, of Buffalo.—Buffalo, Sunday, November, 1839, A. M., was requested to visit Mrs. B., a rather delicate lady, mother of several children, who had a strong aversion to any increase of her family, from the feebleness of her constitution, which had not recovered its vigor since the last confinement. When in her water-closet was attacked with a convulsion. Before my arrival she had vomited. The ejected matter had the odor of tansy. When I saw her she was in a state similar to a patient with hysterics; she had a convulsion after my arrival. Administered a dose of sulphate of zinc and ipecac., which produced free vomiting. She did not recover her consciousness for about six hours.

I took the ejected matter to my office for examination. I introduced it into a retort, and distilled over six ounces of strong tansy water.

In the summer of 1840 I met with a similar case in a chambermaid on board of a steamboat. The symptoms were not so violent. Treatment and result as above.—*American Journal of the Medical Sciences.*

Works in Press in Philadelphia.—Messrs. Lea and Blanchard have in press the following works:—

The Principles and Practice of Obstetric Medicine and Surgery, in reference to the process of Parturition. Illustrated with 50 plates and nearly 150 figures. By Francis H. Ramsbotham, M.D., Lecturer on Obstetric Medicine at the London Hospital, &c. &c.—A sixth edition of Ellis's Medical Formulary, entirely revised, and with numerous additions, by Samuel George Morton, M.D., &c. &c.—The Principles and Practice of Medicine, by Robley Dunglison, M.D., &c. &c.—A new Systematic Work on Chemistry, more particularly adapted to the uses of Medical Students.—Practical Geology and Mineralogy, with instructions for the qualitative analysis of Minerals. By Joshua Trimmer, F.G.S. Illustrated with more than 200 wood-cuts.

We are informed that Dr. Griffith's Manual of Medical Jurisprudence is so nearly written that its publication may be looked for during next year.—We also learn with much pleasure that Prof. Chapman is preparing for early publication a work on the Fevers of the United States, and that this will be immediately followed by another work by the same eminent practitioner.—*Ibid.*

New Medical Works in London.—Observations on the Structure and Diseases of the Testis. Illustrated with 24 highly-finished colored plates. By Sir Astley Cooper, Bart., F.R.S. Royal 4to, cloth. Price 3*l.* 3*s.* Second edition. By the same author, A Treatise on Dislocations and Fractures of the Joints. Sir Astley Cooper left very considerable additions in MS. for the express purpose of being introduced into this edition. The work will be octavo size, the whole of the plates re-drawn, engraved on wood, and printed with the text. No expense will be spared in its typographical execution; and it will be published at a price to make it available to every member of the profession. Edited by Bransby Cooper, Esq., F.R.S. Will be published in December.—Principles of Human Physiology; with their chief applications to Pathology, Therapeutics, Hygiene, and Forensic Medicine. With numerous illustrations on wood. By Dr. Carpenter. One volume 8vo. In press.—The Structure, Economy and Pathology of the Human Teeth, with careful Instructions for their Preservation and Culture; and concise Descriptions of the best Modes of Surgical Treatment, equally adapted to the uses of the Medical Practitioner, the Student in Medicine, and the Public. With 40 illustrations. By Mr. Lintott. 24mo, cloth, 5*s.*—Tic-douloureux; or, Neuralgia Facialis, and other Nervous Affections; their Seat, Nature and Cause. With Cases illustrating successful Methods of Treatment. By Dr. Allnatt. 8vo, cloth, 5*s.*—Practical Observations on Injuries of the Head. By Mr. Sharp, F.R.S., F.G.S., Senior Surgeon to the Bradford Infirmary. 8vo, cloth, 7*s.*—Practical Illustrations of the Treatment of Obstructions in the Urethra, and other Canals, by the Dilatation of fluid Pressure. By Dr. James Arnott, Member of the Royal College of Surgeons. 8vo, boards, 3*s.*—On Stammering and Squinting, and on the Methods for their Removal. By Edwin Lee, M.R.C.S., Corresponding Member of the Medical and Chirurgical Societies of Paris, Berlin, Florence, Naples, &c. &c. 8vo, boards, 3*s.*

TO CORRESPONDENTS AND SUBSCRIBERS.—Dr. Greenwood's account of his improvement in the construction of a truss was duly received, and will be inserted soon.—The attention of subscribers is requested to the bills which they may find enclosed in their copies of the Journal. They will recollect that their post-masters are at all times authorized to transmit money to publishers by mail, free of expense.

Number of deaths in Boston for the week ending October 30, 31.—Males, 21; Females, 10. Stillborn, 2. Of consumption, 4—paralysis, 1—accidental, 2—dropsy, 4—disease of the heart, 1—infantile, 5—drowned, 2—rhenumatic fever, 1—debility, 2—palpitation of the heart, 1—scarlet fever, 1—apoplexy, 1—child-bed, 2—lung fever, 1—congestive pneumonia, 1—unknown, 1.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	-	-	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	-	-	ROBERT HARE, M.D.
Surgery, by	-	-	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	-	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	-	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	-	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	-	-	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	-	-	-	W. W. GERHARD, M.D. and
“ on Surgery, by	-	-	-	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city. W. E. HORNER,
Aug. 20, 1841. A 25—tDecl Dean of the Med. Faculty, 263 Chesnut st., Philadelphia.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by - - -	Dr. WARREN, \$15,00
Milwitary and Med. Jurisprudence, by - - -	Dr. CHANNING, 10,00
Materia Medica, by - - - -	Dr. BIGELOW, 10,00
Principles of Surgery and Clinical Surgery, by - -	Dr. HAYWARD, 10,00
Chemistry, by - - - -	Dr. WEBSTER, 15,00
Theory and Practice of Physic and Clinical Medicine, by	Drs. WARE and BIGELOW, 15,00

At a meeting of the Medical Faculty, May 29, 1811, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1811.

S 1—eptN

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

- THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.
 HARVEY LINDSLEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.
 THOMAS MILLER, M.D., Professor of Anatomy and Physiology.
 JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.
 J. FREDERICK MARY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SAOOR, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

THOMAS MILLER, M.D.

Washington, May 1, 1811.

My 12—JanuN

Dean of the Faculty.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1811.

Sep.8—eptff.

ONE MEDICAL STUDENT,

OF correct moral habits, can be received into a physician's family on reasonable terms during the ensuing course of Medical Lectures in the city. Location convenient. Inquire at the Medical Journal office.

O 20—3t*

Boston, October 18, 1811.

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$1—without, \$3.50. By addressing the publisher, No. 181 Washington street, physicians may be readily accommodated. A 19

The Supporters may also be obtained of the following agents.—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3,00 a year in advance, \$3,50 after three months, or \$1,00 if not paid within the year. Two copies to the same address, for \$5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, NOVEMBER 10, 1841.

No. 14.

REMARKS ON PARTIAL FRACTURE OF THE RADIUS.

BY GIDEON ALGERNON MANTEL, LL.D., F.R.S. ETC.

IN the admirable lectures on surgery by Mr. Phillips, it is stated that a fracture may be incomplete, although some surgeons have denied the possibility of the occurrence, and, as conclusive of the fact, a sketch is given of a bone which had sustained such an injury.

Six cases of this kind have occurred in my practice during the last twenty-five years; and as the diagnosis is rather perplexing to a young practitioner, I am induced to offer a few remarks upon an accident which, although comparatively rare, every surgeon is liable to be consulted upon. The first case that came under my notice happened soon after I left the hospitals, and I well remember how difficult it was to account for the symptoms, for I had been taught that partial transverse fracture was impossible. But I am convinced that a bone may be bent, and the convex portion of the curve be cracked, and yet the fracture be incomplete and unattended with loss of continuity, as a tough twig may by bending be partially broken, and remain permanently curved, although not disunited. In the following case, which occurred but a short time since, the symptoms, peculiar to this injury, were well marked.

A fine, stout, ruddy boy, five years of age, son of B. Warren, Esq., of Clapham-park, was thrown from a donkey with considerable force; in falling he stretched out his left arm to save himself, and received a severe concussion on the ball of the left thumb. I saw him two hours after the accident; the palm of the hand was contused, but the principal injury was at the middle of the forearm, which was swollen and much bent, presenting the appearance of a transverse fracture of the radius and ulna. It was easy to ascertain that there was no dislocation, and that the ulna was uninjured; the head of the radius could be distinctly felt to rotate upon moving the wrist: but this bone was bent, the convexity of the curve being on the external aspect, and there was a corresponding hollow on the ulnar plane: there was no crepitus. Extension made no change in the appearance of the limb. The bone seemed to have been forcibly bent by the approximation of its distal and proximal extremities, occasioned by the violence of the concussion on the ball of the thumb, having produced partial fracture through the convex or bowed part, but not extending across the shaft, so as to occasion a loss of continuity. Leeches and the customary treatment were had recourse to; at the expiration of a week the swelling had subsided, but the curvature remained. In a few

weeks after the accident the child could use the limb without inconvenience, and the deformity gradually disappeared. The other cases were attended with similar results: in none did I succeed in altering the bent condition of the bone, although extension was used carefully, and in some instances immediately after the accident; in all, the arm was ultimately restored to its normal state by proper exercise after the inflammatory symptoms had subsided. In every instance the *radius* was the bone fractured, and the patients were under nine years of age. In accidents of this nature, I would suggest that some attempts to remove the curvature by extension must be highly injurious, if sufficiently powerful to be effective; the application of leeches and the usual antiphlogistic means should alone be employed, for the action of the muscles will ultimately restore the limb to its natural form.—*Lancet*.

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—ESSAY VII.

IN the mountainous districts of South America, those who descend from the cold regions above to the tropical climate below, are subject to yellow fever, just as those are who visit the West Indies from Old and New England, or any other gelid climate. And this although the inhabitants they come amongst are free from fever and in perfect health.* Quito, Popayan, Santa Fe, Pampeluna, and many other towns, are in the cold climate of tropical regions—they being situated so high up the mountains that on orchards, gardens, men and diseases, the same effects appear as in northern countries; whilst at the foot of the mountain everything is as different as our northern States are from the West Indies. We learn from Dr. Deveze, that the Creoles, who were in Philadelphia, escaped the yellow fever of 1793—which strengthens an opinion entertained by some, that heat, and not miasm, is the principal agent in the production of that fever. But this inference is not conclusive, for the reason that the constitution may become habituated to poisonous air, and also to other poisons, as well as to a torrid atmosphere.

Another fact also merits notice. It is that barren, hilly, and gravelly tracts of country, have been healthy in hot seasons, when pestilence was rife on prairies, on the borders of rivers, and in fertile districts, near by. In all mortal epidemics, the poor suffer most, because they are more exposed to bad air, from filthy garments, ill-ventilated houses, and the accumulation of noxious matters about their dwellings. There is no conceivable height of malignity to which a certain degree of noxious miasm may not raise fevers.

Dr. Henderson, of Huntingdon, Penn., relates the case of a poor family which lived near a small branch of the Juniatta river, which branch at the time was very low. It was in the first part of September, and the effluvia arising from it was so disagreeable as to occasion nausea in those who approached the neighborhood of their house. There were

* A remarkable instance of this is given by Dr. Le Blond. He attended the Viceroy and his suit, who came from Santa Fe to Carthagena. One half his guard, consisting of fifty men, fell sick of malignant bilious complaints, such as bilious colic, cholera morbus, black stools, and dark vomitings.

twelve individuals of this family, eleven of whom were seized with malignant fever, of which the five oldest children died. But we more particularly notice the history of it, to mention a symptom which occurred, which, if not unparalleled, can only be equalled by the plague in its utmost virulence, and which Dr. H. imputes to relaxation of the cutaneous vessels and the great tenuity of the *blood*. In three of the children who died, the blood oozed through the extremities of the vessels, so as to stand in minute drops upon the face, arms, breast, and other parts of the body, before their death. If wiped off, no traces were left to show whence it had issued. After death, as might have been expected, livid spots appeared in those places from which the blood had percolated through the surface. The whole skin, and the whole sanguineous mass, were the implicated parts in those surprising cases, in which, for several days before the fatal event, blood flowed through the pores.

These cases seem to stand in prominent proof of the universal extension of febrile affection to the whole system, instead of pointing to any local viscera as its seat.

From the medical naturalist, Le Blond, we learn, with respect to the origin of yellow fever at St. Pierre, Martinique, that it is engendered on board the ships lying in the road, among the crews newly arrived, rather than in the town; and that when the sick are carried to the hospital on shore, they never communicate it to the inhabitants, but only to the new comers from cold countries. The Creoles at St. Vincents told him, repeatedly, that they never had even heard of yellow fever until after the arrival of the English. Our American Consul, Mr. Hill, endeavored to keep an exact list of the deaths of seamen from the United States to the Havana. From June, 1805, to January, 1806, he obtained the names of eighty-six who died; and he reckoned fourteen others, of whom the names were not obtained, making one hundred in all. The whole number of mariners who arrived at that port in that space of time, was three thousand; so that exactly one in thirty died, and all of fever except one, who was poisoned by eating fish. Their average stay was only one month. Yet the mortality of the resident inhabitants for the whole year was but one in forty. Notwithstanding our ideas of the unhealthiness of that city, Mr. Hill observes that it was by no means uncommon to meet persons in the enjoyment of all their faculties from 70 to 90 years of age, and that some arrived to upwards of 100.

We were about to extend this article by other references, showing the usual immunity from yellow fever, of residents in tropical climates. But we deem those already adduced as sufficient. And we deem them curiously interesting, as establishing a point in the pathology of yellow fever. It is evidently and undeniably this, that the greatest predisposition to that disease arises from a previous residence in a cold, healthy, northern climate, the possession of a good constitution, and the enjoyment of high health. Circumstances which insure exemption, in a great measure, from all other diseases, denote the greatest liability to this.

The propensity of yellow fever to attack the robust, is exemplified, when it has prevailed in any of our cities, by the greatest number of its victims having been of that class—by its invading, also, more men than

women, more women* than children, and by its leaving the invalid and feeble unmolested. Indeed, it is not unusual for those of the latter classes to be improved by that state of atmosphere in which it prevails—showing that miasm, contagion, or heat, one or the other, or all together, act as a contra-stimulus to the diseased motions of chronic disorders.

How long a person from a northern climate must reside in the West Indies, or the States of the South, to become acclimated, and lose his competency to be subjected to yellow fever, will depend somewhat upon his individual peculiarity of constitution. Dr. Ramsay, than whom a higher authority cannot be quoted, speaking of the yellow fever at Charleston, in 1804, says that the disease, as usual, was confined to strangers to the air of that city, but that it attacked some who had resided there one or two years. The deaths that year amounted, from first to last, to between two and three hundred, none of whom appear to have been native citizens. Yet he adds, that about two thirds of the strangers escaped the fever, and that more than one half of those who took it got safely through. This would make a very great number of strangers present in the city at that time; which the doctor accounts for, by telling us that they were encouraged to stay because there was no yellow fever there the year before.

Of the relative numbers of males and females who perished, the discrepancy has sometimes been very remarkable. At Cadiz, of 7387 victims, only 1577 were females, being less than one fourth. At Seville, out of 14,685 deaths, 3672 only were females, being almost exactly one fourth.

That contagion is not always a secreted pus, as in smallpox, is evident from hooping cough. That every contagious affection can be contracted only once, fails analogically. Lues venerea and psora are communicated by secreted virus, and yet the constitution acquires no exemption from indefinite contamination.

The question of contagion seems to be as undecided in the West Indies, as with us, and must long remain in the same state that it now is, if facts on each side continue to be as well authenticated, as numerous, and from authorities as respectable, as they now are. We will here, however, dismiss the subject with one query, which may tend to compromise the matter. May not that which passes from the air to the sick (admitting the air to be the cause of fever), pass also from the sick person to the air?

The most frequent of all the remote causes of fever, is cold. But that the inhabitant of a cold climate acquires a greater liability to be acted on in consequence, when he visits a warm climate, is a modern, but well substantiated doctrine. The results are the same, whether he visits a tropical climate abroad, or whether a tropical climate visits him at home. We speak particularly as it respects yellow fever. For of any other disease we do not know that the parallel is sustained, or the greater propensity of suffering, by going from a cold to a warm climate, acquired.

The fancied exemption of negroes from yellow fever, according to Dr. Deveze, is a mistake; they sharing susceptibility or immunity, as they have not, or have been, acclimated, just like those of other complexions.

* Of typhus fever, Dr. Nathan Smith tells us that "more females are cut off by it than males."

We have, in a former Essay, mentioned that yellow fever was usually confined to cities and ships, and that spotted fever was more particularly a disease of the country. But in both cases there are many exceptions. Spotted fever prevailed in the city of Mexico. And in Boston, in the winter of 1813, it would seem that it, or one of its congeners, proved suddenly fatal in some instances. We felt particularly interested in the report of John C. Warren, M.D., of two cases of *post-mortem* examination. The one was the body of a clergyman, who was seized with agonizing pain in the breast, arms, and an affection of the heart, with irregular pulse, and from whom "sweat poured in streams," and still his skin had a death-like coldness. His pulse became imperceptible on the third day, after which he lived thirty hours, and then expired. Pathology requires a reference to those anomalies, which although they may seldom occur, serve to throw light upon cases which we are frequently called to encounter. Now although the dissection in this case displayed the marks of what we should suppose would have excited the most violent fever, yet we are assured that this usual and important symptom was entirely absent, which might be also inferred from what has already been stated respecting the coldness of the patient's skin. The principal morbid affection, which had caused such unexampled suffering, is expressed in these few words. "The pericardium, which closely invests the heart, exhibited marks of violent inflammation." The loose pericardium was affected, but in a less degree. "The substance of the heart was swelled and remarkably tender." The lungs were natural and healthy, and some minor lesions which were discovered, we feel inclined to refer to consequences rather than causes. Here, then, was *inflammation* without *fever*. The second case was that of a robust, muscular man, who was seized with "agonizing pain in the left side," and died on the fifth day. On that day "an enormous tumor was discovered on the side of his neck, hard as a stone, and filling the neck almost from the ear to the clavicle." The lungs, upon examination of the body, two days after death, were found as follows. "The right lobe was spotted, as though caustic had been applied to the surface where the spots were found; the left lobe adhered to the pleura of the ribs, with an intervening cavity containing lymph and semi-purulent fluid. At the places of these adhesions the color of the lung, we are told, was absolutely black, approaching to gangrene. This discrepant appearance of the viscera, in the same subject, we have adverted to in a former Essay, as a matter having an important bearing. But the most striking incident connected with this case was, that the enormous tumor of the neck had, when the dissection was made, entirely disappeared.* We may, in a future Essay, advert to this circumstance again, in connection with a late case in our own practice. As in the former subject, the heart was found softened. In this, the same phenomenon was noticed in the brain; from which (taken in connection with what the eminent Professor, who made the dissections, observes, relative to the discrepant appearances of the tissues, from those affected with common inflammation) we should infer, that the inflammatory phenomena were of the erysipelatous kind—a species which tends

* See New-England Journal for 1813, page 153 et seq.

rapidly to gangrene, to the effusion of lymph and of serum, from the laxity of the vessels, and to greater disorganization, with less fever, than the other kind.

This tendency to immense serous effusion is very remarkable. We have formerly noticed a case in which three quarts were found in one sacculus in the same subject. And yet another is recorded, in which, in a kind of cyst, formed by a recent concretion of lymph, *more* than three quarts of thick and discolored serum were discovered.* This lymphatic cyst was about a quarter of an inch thick.† The low state of the pulse is also in confirmation of this pathology. This, indeed, is almost or quite the only steady and inseparable concomitant of the disease, the other symptoms being extremely various and diversified. And here the remark of Hippocrates—that *the remedy indicates the disease*—may be brought to bear. For from no one source have we ever learned, that any practitioner would use the lancet with that freedom and repetition that he would in genuine pleurisy, although the pain was more severe. These excruciating pains were without any discoverable cause, either in the sick or in the dead, which seemed sufficient to produce their extreme violence. We well recollect a case in which this pain was in the abdomen, and that after death we expected to find some obstruction, intussusception, adhesion, or marks of violent inflammation. But our surprise was great to find nothing of either—and, indeed, nothing at all except a slight pink color of the external vessels of the bowels, which would hardly have been noticed, had we found anything else to notice.

The comparative result of different dissections seems to support the opinion that the most apparent phenomenon was an inflammation of the serous membranes. This might be in the meninges of the brain, in the pericardium, in the bronchia, in the pleura, in the lungs, or in the intestines. But what could occasion those extreme local and circumscribed pains, which were sometimes felt in the extremities? We shall perhaps, in a future Essay, more particularly investigate this query, and at present only say that they were a species of *tic douloureux*.

When cough and expectoration attended, they were entirely disproportioned to the violence of the symptoms. Just as we sometimes find in croup, when it is likely to prove fatal. There was one feature which, among others, was quite peculiar. Persons seized suddenly with excruciating pain, sometimes had a hallucination that some one had severely beaten them. We had such a case in a young woman, who declared that her sister had been inflicting severe blows upon her stomach, and had then hid herself under the bed. And Dr. Jackson, of Boston, mentions the case of a truckman, who had the same kind of delirious idea.‡ It is very noticeable, also, that when spots were not to be seen on the surface, in cases of death and dissection they were found on one or more of the viscera—as on the liver, lungs, and pericardium.§

Sudden deaths, during the reign of febrile epidemics, take place in some instances before the fever forms. They may be compared to those cases in which the patient suddenly expires after amputation, or the crushing

* New-England Journal of 1813, page 252.

† Ibid.

‡ Ibid, page 253.

§ See a case of disease, death and dissection, by A. Bullard, M.D., *ibid*, page 268.

of a limb, in which Sir Astley Cooper observes they will die without "any rising of the pulse or animal heat after the accident." We have seen a case of profound stupor ending in death, in a carpenter who had both his legs broken by the falling of a part of the frame of a building which he was helping to raise. Poisons, not narcotic, will sometimes cause a coma that will end fatally. We saw a child in this state after it had drank a solution of corrosive sublimate, which its mother had prepared to use about her bedstead, and at the time we were very much surprised at such an effect. We suppose that the brain and whole nervous energy are paralyzed in such cases by the poison, and that something similar occurs in severe bodily injuries, as also in fevers; and although highly interesting pathologically, are still less wonderful than the sudden effect of injuries upon the secretions. We may refer, in addition to what we have noticed in a former Essay, to the case of a child who died, as related by Sir Astley Cooper, of inflammation of the pia mater, from a blow on the head, which, upon examination after death, had in its gall-bladder a colorless fluid. We have already noticed that the bile occasionally assumes many different colors; but this is the only notice that we have ever seen of its being entirely colorless.

As we have mentioned something respecting the treatment of yellow fever, we will here conclude by saying that our favorite remedy in high, hot, inflammatory fevers, as a cathartic febrifuge, is cream of tartar and sal nitre, of each eight grains in impalpable powder, with calomel from ten to twenty grains. This we more highly esteem than the popular *ten* and *ten* of jalap and calomel, deeming the jalap as too irritating for an inflamed stomach. If our remedy does not prove sufficiently operative, it may be followed with castor oil.

Vinegar-whey and sage-tea are the most certain and innocuous of sudorifics, in all fevers whatever. Injections of a solution of tartar-emetic, to check vomiting, and to procure stools, are very potent and important. Ipecac. may be substituted for tartar-emetic, when debility or dysentery render it best adapted. It must be used mixed in milk or mucilage *pro injectio*.

APPARATUS FOR FRACTURE OF THE THIGH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—From remarks which have been made to me of late, in conversation with medical friends, I find that there is an impression existing (though I know not to what extent) that the apparatus for the treatment of oblique fracture of the thigh bone, which is used at the Massachusetts General Hospital, in this city, was either the invention of some ingenious mechanic of Boston, or that it was constructed by me, from the suggestions or directions of its inventor. Both views have been presented to me.

Now, Sir, if there is any merit to be attached to this thing, as there would seem to be, from the fact that the improvement has been adopted and used in the above-named Hospital for more than twenty years, my

simple wish is, that it should rest where it belongs. The facts in relation to this apparatus are these. Becoming dissatisfied with the effect of Desault's, in the treatment of some cases in A. D. 1818 and 19, and having sufficient reasons for rejecting the more cumbrous one contrived by Dr. Physick, I designed and constructed a miniature model of the apparatus above alluded to. This I adjusted to a corresponding miniature model of the pelvis and lower extremity, in order to show the mode of its application, and presented the same to my highly-esteemed friend and teacher, Dr. J. C. Warren, who directed articles of due size to be made from this pattern, for the use of the Massachusetts General Hospital.

Dr. Warren, probably, has the model still in his possession, and I doubt not would support me in the whole of the above statement; and further *collateral* evidence will appear by adverting to the *N. E. Journal of Medicine and Surgery*, Vol. X., p. 33, where an article on the subject will be found (with an engraving of the apparatus), written and communicated by me in A. D. 1821.

J. F. FLAGG.

Boston, Nov. 3d, 1841.

ON THE CURE OF NÆVI OR NATURAL MARKS.

[THE following remarks on the cure of *nævus maternus* are by Dr. Marshall Hall, being one of his additions to Underwood's Treatise on the Diseases of Children, referred to in last week's Journal.]

The principal modes of the cure of vascular *nævus*, which have been hitherto tried, are—1, the application of cold and pressure, proposed by Mr. Abernethy; 2, vaccination, by Mr. Hodgson; 3, excision, by Mr. J. Bell; 4, the ligature, by Mr. J. Bell, Mr. White, and Mr. Lawrence; 5, the application of the potassa, by Mr. Wardrop; and 6, the ligature of the principal artery which supplies the *nævus*. The first of these modes of treatment is usually insufficient; the second is only applicable to superficial *nævi*, and frequently induces ulceration and sloughing, and eventually a scar; the third is frequently dangerous from hemorrhage, and proved fatal in one instance even in the hands of Mr. Wardrop; the fourth is attended by extreme pain, and in one case there were convulsions; the fifth must be liable to the same objections: all these remedies, except the first, leave a scar, and are totally inapplicable to many cases of diffused or deep-seated *nævus*; the ligature of the artery is at once a formidable and unsuccessful operation.

To this list of remedies must be added the tartar-emetic ointment, the nitric acid, &c. The same observations apply to them. Their application is attended with pain, and followed by a scar.

The question is, can we devise a mode of treatment in these cases, which shall, without the danger of inducing ulceration or sloughing, be efficient in the cure, applicable to all circumstances and localities of the disease—to parts not admitting of pressure, and to parts so deeply seated as to be removed from the action of vaccination, and not to admit of the ligature or of excision? All these objects may, I think, be attained by a simple operation: this operation is calculated to induce the slow adhesive

inflammation in parts of low vitality, avoiding the destructive processes of ulceration or sloughing ; it is applicable to any part not admitting of pressure, as the eyelid, the lip, the tongue, the labia pudendi, this auxiliary not being required for hemorrhagy, or any other event, or for the cure ; and it may be carried deeply, to parts adjacent to an artery, to bone, &c.

It only requires to be done thoroughly, to be repeated often enough, and to be followed by sufficient delay for processes, necessarily slow, to be established and completed.

It seems long to wait weeks and months for the completion of nature's operations. Yet it is distinctly proved that that which cannot be accomplished in the present case, in *one* month, or in *two* months, is so in *six*. And if any part be left uncured, the remedy is as simple as it is easy and efficacious. I cannot have the slightest doubt that the most formidable cases would be cured by the persevering repetition of this trifling operation every two months. And when this statement is contrasted with those in which the formidable operations of the ligature of the artery, of the ligature, or excision of the tumor, and of the application of the caustic potassa, are detailed, it must, I think, be admitted that the proposition for the cure of nævus, by mere punctures, or slight incisions, is not without its value.

The mode of cure to which I have alluded, consists in passing a needle of moderate but sufficient size, and with cutting edges, through the nævus, so frequently as to induce the adhesive inflammation with the deposit of lymph, and so as to obliterate and consolidate the vessels of which it is composed, yet so seldom as to incur no risk of inducing sloughing. The needle must be passed in several directions from one point in the circumference of the nævus, to several points more or less opposite. These punctures or incisions must be made near the surface in the superficial arterial nævus ; but in a place more or less deeply seated, in cases of the deeper capillary nævus.

The operation must be *repeated* at distinct intervals of *two, three or four months*, according to the state of the case, and progress of the cure ; this is not of the slightest consequence, for the operation neither inflicts pain nor occasions hemorrhagy of any moment ; or the whole nævus may be divided at two distinct operations, by severing alternate portions, after any convenient interval of time.

The object of this proposition is to avoid *pain, hemorrhage, and scar*. Its principle is this : to substitute *cicatrix* for the nævous tissue. In fact, whatever may be done, sacrificing the skin, may be done preserving it, whether this be accomplished by *punctures, incisions*, or even by *ligature*. The sole difficulty in the proposition is the length of time required for nature's operations : patients and even surgeons are unwilling to wait, and wait they must, if the cure depends upon the establishment of adhesive inflammation and the deposit of lymph.

OIL OF ERGOT IN DIARRHŒA.

MR. WRIGHT has twice administered the oil of ergot in troublesome diarrhœa, and with very marked advantage. The dose in these cases was ten

drops every three hours, and both the patients were cured on the day following that of the administration of the medicine. It must be understood, however, continues the author, that this remedy acts simply by subduing any inordinate irritability of the intestines, for it is not physiologically an astringent.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 10, 1841.

DR. HAYWARD'S INTRODUCTORY LECTURE.

ON opening the lecture term at the Medical College in this city, last Wednesday, it devolved upon Dr. Hayward, Professor of the Institutes of Surgery, to give the introductory. The anatomical theatre was well filled at an early hour. The discourse was an admirable one, characterized by plain common-sense reflections, cogent reasoning, and excellent language, well arranged. Were we in possession of the manuscript, copious selections would be made from it. If the class ask its publication, as it is hoped they will, the public will derive great pleasure from its perusal. We have heard introductory lectures, here and there, in various institutions, for a succession of medical lecture seasons, but have no recollection of having been more rationally entertained by any than we were by this.

Trial for Mal-practice.—A pamphlet was received the other day, for which we return thanks, entitled "A Report of the facts and circumstances relating to a case of compound fracture and prosecution for mal-practice, in which William Smith was plaintiff and Drs. Goodyear and Hyde were defendants, at Cortland Village, Cortland Co., N. Y., March, 1841. Comprising statements of the case by several medical gentlemen, together with notes and comments on the testimony, by A. B. Shipman, M.D." Some reference has heretofore been made to this vexatious affair, but in this publication the facts are so arranged and set forth, that the reader is able to have a better understanding of the matter, than through any previous channel.

The principal object of Dr. Shipman, however, in the publication of this pamphlet, seems to be a vindication of his own practice and reputation, as regards the treatment of the plaintiff's case. Drs. Goodyear and Hyde, it will be recollected, who were physicians to the almshouse in which the plaintiff resided, advised amputation of the fractured limb, which was opposed as unnecessary by Dr. Shipman and one or two others who had been called in consultation. In consequence of this disagreement, amputation was not performed, and ten days after, Dr. Shipman was called upon by the patient to take charge of the case in place of the defendants. Dr. S.'s mode of treatment, by sawing off a piece of the protruding bone, in lieu of amputation, may be found related on the 76th page of this volume of the Journal. The action was brought by the plaintiff to recover damages for mal-practice, and the defence of course rested in part on the propriety of amputating at the time the operation

was proposed. Surgeons of respectability and skill testified as to the expediency of both modes of treatment in question, but the result was such on the minds of the plaintiff's counsel that the suit was withdrawn by them before it went to the jury. Dr. S. brings forward in the pamphlet sufficient authority, we should think, for his choice of treatment, to prevent any stigma attaching to his reputation as a surgeon; and this we say without in the least intending to reflect upon the views of the other medical gentlemen concerned. Indeed the result of the prosecution will always be a sufficient defence on their part.

Prosecutions for mal-practice are pretty much of a piece with those for a breach of promise of marriage, and are looked upon by the discriminating public in a similar light. They are in general a pretext, and that is all, for sponging a little money out of some one who has got more than the plaintiff; although sometimes, were it possible to probe to the bottom of the motive, it would be found to be an arch scheme for ruining the reputation of the defendant. In all trials for mal-practice in medicine and surgery, our sympathies are in the first place enlisted on the side of the defendant, knowing, as we do, from years of critical observation into the history of these litigations, that the public good, humanity, benevolence, philanthropy or any other praiseworthy object, is in most cases entirely out of the question.

We hope this report will have an extensive circulation, as, aside from any local or personal object, it will have the effect of putting surgeons on their guard against unprincipled patients and their special friends.

Devotion to Science.—Within a short time the Cabinet of the Boston Phrenological Society, consisting of a vast collection of casts, has been deposited in new apartments in Washington street. In the course of an examination of this very curious museum, the other day, we were shown the skull of the late M. Roberton, of Paris, who not only bequeathed very many curious heads to this Society, but a sum of money to defray the cost of transportation, and lastly, his own *head*! This came safely in a small box, and is more striking in consequence of having two prodigious rows of teeth, than for any notable protuberance on the cerebral region. M. R. entertained a devoted feeling of attachment to Dr. Spurzheim, and after showing his love for the science of phrenology, it was the constant desire of his heart, we understand, to have his skull placed by the side of that great philosopher's—in which he is likely to be indulged.

Fatality of Epidemics.—The Rev. Mr. Clapp, in a late charity sermon at New Orleans, said that he had resided twenty-one years in that city wanting a few months, and had witnessed in that period eleven epidemic yellow-fever years, and two cholera seasons—each carrying to a sudden grave never less than three thousand human beings, and often five thousand. Within twenty years, one hundred thousand persons had been swept away in that city; and of that immense number, twenty-five thousand were young men, between the ages of 18 and 20 years. We have never seen a more striking allusion to the fearful ravages of death, in any one city. Yet adventurers will rush on to the grave, notwithstanding the continual warning of the acclimated inhabitants, “to keep away till the fever subsides.”

Consciousness of Suffering.—John Dougherty, some time since, was dreadfully crushed between a rail-road car and the wall of the ticket-office, at Baltimore. He has recovered, and his recollection of the sensations he experienced at the moment, is vividly described in the *American* of that city. It seems that his first expectation was that the car would be stopped; but it rolled on, and he felt the horrible pressure slowly advancing. He next felt the awful sensation of the breaking in of his ribs. A terrible feeling next came over him, as though a burning flame had suddenly passed from the lower part of the body to the head—which was caused by the violent injection of blood into the brain. At that moment he became senseless and fell, apparently dead. A return to consciousness is described to have been like the effects of an unpleasant dream, from which it seemed that there would be relief when he awoke. It appeared to by-standers impossible that he should recover; yet under the watchful care of Dr. Dunbar, he has been finally restored. We hope to see a more particular account of the injuries received in this case, drawn up by Dr. D. himself.

Importance of Punctuality to Medical Men.—The editor of the *London Lancet*, in some excellent advice to students on commencing their studies has the following remarks on the importance of punctuality.

“But to reap the fruits of this instruction, he must bind himself down to the unswerving exercise of punctuality. A single lecture lost is a link gone, which the whole session may not be adequate to repair; but in addition to this, a breach of punctuality is a moral sin of the most serious kind, and deserving of the strongest censure. Punctuality is a virtue more necessary to the medical practitioner than to any other member of society. With what confidence does the agonized and enduring patient look forward to the moment when the assuager and comforter of his pain should arrive. Cruel, indeed, and lost to all kindness, must be the heart that under such circumstances could permit delay. Punctuality inspires confidence not only in medicine, but in every other calling of life. He who would observe punctuality should find an excellent means of training in that important attribute, in the daily duties of his hospital education. The lecturer should step into his class-room at the precise moment of the striking of the clock; and cease as the minute-hand completes its revolution: the medical officers should commence their visits to the wards of the hospital at the instant that they advertise—knowing the value of the student's time, and feeling for the anxious expectancy of the suffering patient; all should be regular as clock-work. It was a saying of the immortal Nelson, that he gained all his victories by the quarter of an hour preceding the time which he had appointed. It is a practice with our best surgeons, in naming an hour for an operation, to have everything prepared a half hour beforehand, and to anticipate by that half hour the suspense of the expectant sick. Such surgeons must be eminent, not only in the eyes of their professional brethren, but also in those of the public. All men can judge of punctuality, but all cannot judge of medical knowledge; their judgment will, therefore, be decided by that which they can appreciate. We do not apprehend scepticism upon this important subject, but if we analyze the principles of punctuality, we shall find that they are the most ennobling of the human mind. Punctuality is a ternary compound of conscientiousness, benevolence and firmness. The non-punctual man has no consideration for the time and property of his fellow

low men ; he is urged by no correct principle of duty ; the inducements of kindness have no place in his heart ; and that steady firmness is wanting which would enable him to break from present occupation, however trifling, to fulfil his promised engagements. Gentlemen, be punctual, if you would win the respect of the society in which you move. If you be so unfortunate as not to see its value now, be punctual still, for the moment is not far distant when you will be enabled to appreciate fully its importance."

Quackery and Humbug.—The Medical Society of London held its first meeting for the session, September 27, 1841. Dr. Clutterbuck, president, in the chair. There was a very full attendance of members and visitors. In some preliminary observations, Dr. Clutterbuck took occasion to allude to several kinds of "quackery" and "humbug" which have lately prevailed, to a certain extent, in the profession. He particularly alluded to some new operations for defective vision, to operations for stammering, and to mesmerism. He classed the three together as being equally worthy of condemnation. He could not help expressing regret and surprise, that such proceedings as these should obtain, even a transient notoriety, in a profession so strictly one of fact, as that of medicine. When, however, they did, unhappily for the public and the profession, succeed in obtaining dupes, then it was the duty of societies, like the Medical Society of London, to expose and condemn the fallacies. This was one great benefit which medical societies conferred upon the public.—*Ibid.*

Obscure Disease of the Heart.—Dr. Johnson related, at the same meeting, the case of a young gentleman, who had become gradually emaciated without any obvious cause. He had no fever ; his pulse was weak and slow, but his appetite was good. He was placed under the care of several eminent men, who all of them failed in detecting any kind of disease ; and as the emaciation progressed, he was sent to Leamington. Here it was said he would soon get well, but one morning the physician in attendance found, to his surprise, that there was no pulse ; he therefore ordered him off to London immediately. He was brought to town in an invalid carriage, and Dr. Johnson saw him. He lived one week. During this time he was examined with the greatest attention, but no trace of disease could be discovered ; the pulse was scarcely to be detected, and the heart's action could not be heard. After death, no structure or organ appeared to be diseased, except that they were all much attenuated, till the heart was exposed. On examining this organ the two surfaces of the pericardium were so adherent that they could not be separated with a scalpel. The heart itself was not larger than a goose's egg, while the parietes of the left ventricle were an inch and a half in thickness. The cavities of the organ, instead of being able to contain twelve drachms of fluid, would barely hold three drachms.

This was an instance of inflammation having produced its destructive effects before its presence was detected. Death resulted from the gradual diminution of the quantity of blood, and the inability of the heart to do its office.—*Ibid.*

On the Propagation of the Variolæ Vaccinæ by Crusts from the Cow.
By JOHN BARON, M.D., F.R.S.—On the 7th of this month my friend Mr.

Coles informed me that he had heard of the existence of the variolæ vaccinæ at a farm a short distance from this place. The following morning we visited the cows. One only had been affected by the complaint. The teats were covered with the remains of the disease, but not a single vesicle existed from which lymph could be taken. Under these circumstances I recommended Mr. Coles to collect a few crusts. This was done, and on the 10th of this month he triturated two of them with cold pure water, having previously separated the margin and outer layers of each crust, and with the fluid thus obtained he inoculated six children, with three punctures on each arm. Out of these thirty-six punctures only one took effect. The vesicle formed in this instance was rather small, but very perfect in its form and character; so much so that no hesitation was felt about the propriety of attempting to propagate the disease from it. Mr. Coles accordingly used it on *two* children on the 17th, and *one* on the 19th, all of which succeeded. From one of these patients, vaccinated on the 17th, he vaccinated four on the 24th; and from that vaccinated on the 19th, he charged about forty points on the 26th. All the vesicles were very fine and perfect, with the exception of those on one of the children vaccinated on the 17th. The deviation in this instance clearly arose from the co-existence of an affection of the skin, which manifested itself the day after the lymph was inserted, and so completely altered the character of the vesicle as to render it unfit for use. I am the more induced to dwell for a moment on this latter event, as I have reasons to know that the evils arising from inattention to deviations of this kind are not sufficiently regarded by gentlemen employed by the Guardians in vaccinating the poor. I myself, at least, have had communications from two Unions on this very point. It cannot therefore be too strongly stated that persons vaccinated under such circumstances ought not to be considered as secure from subsequent attacks of smallpox.—*Lon. Med. Gaz.*

Medical Miscellany.—From Buenos Ayres, the sad intelligence was brought last week, by the barque Chalcedony, that *scarlatina* was raging so dreadfully, Sept. 10th, that from forty to fifty a day were dying with it—cases occurring in nearly every family. There had been but little or no rain for four months, and the cattle were dying in great numbers also.—New cases of yellow fever are continually occurring at Vicksburg, but they are thought to be of a less malignant character. It is impossible to predict the final issue of this raging epidemic at New Orleans. People are still swept off at a fearful rate; and although warned by the whole press of the city to keep away, strangers are pouring in from the North by thousands.—Dr. W. C. Wallace, an excellent writer and operator on the eye, has been appointed to the chair of Ophthalmic Surgery in the Vermont Medical Academy.—Dr. Kilbourne is about giving a private course of lectures on anatomy, physiology and hygeia, in New York.—The injection of a solution of chlorure of aluminum into the aorta of an animal, will preserve the body, it is said, indefinitely.—Dr. M. C. Greene has been appointed post-master at South Woburn, Mass.—Dr. Tolland, of Columbia, S. C., recently operated successfully on a boy seven or eight years old, for stammering.—A young American medical student, says the Western Journal of Medicine, was attacked last autumn with enteritis, and placed himself under the care of M. V., one of the most celebrated of the Parisian faculty, who prescribed five leeches to the abdomen, water sweet-

ened with beet-root sugar, taken ad libitum, and a lavement of cold water, to be taken twice a day!—It was lately stated at a meeting of the London Medical Society, that gastrodynia had been removed in many cases by five-minim doses of stramonium given three times a day.—Surgeon General Lawson, of Washington, was recently appointed by the President one of the commissioners for selecting a suitable site for a national armory, on the western waters.—Dr. John S. Butler was re-elected, last week, Superintendent of the Hospital for the Insane, at South Boston.—Drs. Cutter and Parker, who have jointly, of late, managed a private institution for the insane, at Pepperell, Mass., have dissolved copartnership, to take effect Nov. 1. Dr. Cutter will now have the entire control, as in former times.—It is said there are 100 physicians in St. Louis, Mo.

Number of deaths in Boston for the week ending Nov. 6, 36.—Males, 16; Females, 20. Stillborn, 5.

Of consumption, 8—typhus fever, 4—lung fever, 2—drowned, 1—croup, 3—debility, 2—pneumonia, 1—scarlet fever, 5—bleeding at the lungs, 1—canker, 1—old age, 1—teething, 1—bronchitis, 1—paralysis, 1—marasmus, 1—unknown, 2.

MARRIED,—In Boston, Benoni Gray, M.D., of Point Levre, L. C., to Miss Margaret S. A. Bryant.—At Hillsborough, N. C., Dr. William Mallet, of Fayetteville, to Miss C. B. Walker.—At Limerick, Me., Charles L. Swasey, M.D., to Miss H. Perry.

DIED,—At Mansfield, Dr. Roland Green, 76.—At Marion, Alabama, Dr. Henry Yarbrough, 34.—At Lexington, Ky., Dr. Thomas P. Satterwhite, in consequence of being thrown from his horse.—At St. Josephs, Florida, Dr. Edward R. Gibson, editor of the Floridan.—In Kent Co., Maryland, Dr. Morgan Brown, 72.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Oct.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun E.	S. P.M.	Sun S.	Sun E.	S. P.M.	Sun S.			
1 Frid.	40	55	51	29.40	29.50	29.68	N W	Fair	
2 Satur.	50	52	48	29.66	29.77	29.76	N	Fair	
3 Sun.	45	44	36	29.58	29.42	29.36	N E	Rain	Great storm, snow at 5 o'clock.
4 Mon.	34	40	40	29.12	29.29	29.38	N E	Rain	Storm continues, with wind, snow & rain.
5 Tues.	41	44	44	29.48	29.55	29.52	N	Rain	Storm continues.
6 Wed.	42	50	48	29.50	29.47	29.48	N	Cloudy	3.19 inches of rain during storm.
7 Thur.	41	62	54	29.44	29.38	29.46	N W	Fair	
8 Frid.	48	55	2	29.37	29.30	29.38	N W	Rain	.34 inch of rain.
9 Satur.	47	60	4	29.34	29.36	29.37	N W	Fair	Lightning in the south in the evening.
10 Sun.	44	55	56	29.44	29.47	29.50	N W	Fair	Frost in the night—the first this year.
11 Mon.	34	58	54	29.56	29.48	29.43	S W	Fair	.05 inch of rain in the night.
12 Tues.	54	60	58	29.22	29.19	29.20	S W	Cloudy	
13 Wed.	42	52	48	29.30	29.34	29.38	N W	Fair	
14 Thur.	38	50	46	29.47	29.46	29.44	N W	Fair	Aurora borealis.
15 Frid.	38	44	46	29.44	29.24	29.19	S W	Rain	
16 Satur.	42	47	45	29.30	29.46	29.48	N	Cloudy	.01 inch of rain.
17 Sun.	40	46	46	29.52	29.54	29.53	N	Fair	
18 Mon.	34	46	44	29.53	29.50	29.50	N W	Fair	
19 Tues.	33	42	44	29.42	29.29	29.26	N W	Fair	High wind.
20 Wed.	40	47	46	29.10	28.88	28.83	S W	Rain	.23 inch of rain.
21 Thur.	36	46	42	28.73	28.74	29.80	S W	Fair	
22 Frid.	38	48	44	28.89	28.93	28.99	S W	Fair	
23 Satur.	37	46	46	29.17	29.19	29.17	W	Cloudy	Halo around the moon.
24 Sun.	34	50	46	29.23	29.18	29.19	S W	Fair	
25 Mon.	36	34	32	29.26	29.33	28.40	N W	Fair	
26 Tues.	25	46	46	29.59	29.30	29.26	S W	Fair	
27 Wed.	37	50	48	29.44	29.55	29.62	N W	Fair	
28 Thur.	23	42	40	29.90	29.90	29.91	N	Fair	Very pleasant—days smoky and calm— Indian summer.
29 Frid.	35	52	51	29.86	29.76	29.72	S W	Fair	
30 Satur.	48	66	64	29.70	29.70	29.70	S W	Fair	
31 Sun.	48	70	65	29.75	29.79	29.77	S W	Fair	Halo around the moon.

This month has been variable, the first part of it wet, with much dull and cloudy weather, the latter part of it pleasant, and the two last days quite warm. 3.82 inches of rain fell. Range of thermometer from 23 to 70; barometer, from 28.73 to 29.91. No severe frost till the 10th.

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDRÉ's Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Clutterback on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Munnick on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millingen's Curiosities of Medical Experience; Plunbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretius on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

NEW YORK MEDICAL INSTITUTE.

THIS Institution has been formed for the more successful prosecution of medical studies, and the promotion of medical science in the city of New York.

The instructions will be divided into a Summer and Winter course. The summer course of Lectures will commence on the first Monday in April, and continue till the first of July, when there will be a vacation till the 15th of September. The lectures will then be resumed and continued until the last week in October. The courses of instruction are as follows:

1. Clinical Surgery—Valentine Mott, M.D., Granville Sharp Pattison, M.D. 2. Medical Jurisprudence—John W. Draper, M.D. 3. General and Orthopedic Surgery—W. Detmold, M.D. 4. General and Special Pathology and Therapeutics—Charles A. Lee, M.D. 5. Surgical and Pathological Anatomy and Operative Surgery—John Murray Carnochan, M.D. 6. Practical Medicine—James Stewart, M.D. 7. Diseases of the Eye and Ear—Alfred C. Post, M.D. 8. Chemistry and Medical Botany—Daniel Gardner, M.D.

Fees for the summer course, \$40. For single Tickets, \$10.

Winter Course.—The Winter Course will consist of Recitations, and Examinations on the different branches of medicine and surgery, taught in the medical department of the University of New York, and will be conducted by the following gentlemen.

1. Institutes of Medicine, Materia Medica and Chemistry—C. A. Lee, M.D. 2. Theory and Practice of Medicine and Obstetrics—James Stewart, M.D. 3. Anatomy and Surgery—John Murray Carnochan, M.D.

The course to commence in the first week in November, and to continue until the first of March. Fees for the course, \$25. For single Tickets, \$10.

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VALENTINE MOTT, M.D., President.

JAMES STEWART, M.D., Secretary. O. 13—2t

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Theory and Practice of Medicine, by	- - - -	DR. SHATTUCK.
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No. 15.

ACUTE BRONCHITIS.

FROM DR. WATSON'S LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC.

INFLAMMATION of the membrane lining the air-passages may be, and often is, a very acute and dangerous disorder, *i. e.* the inflammation may be both intense and extensive; it may descend into the vesicular texture, and occupy the whole surface of the membrane on one side of the chest, and then it may be a very grave disease; or it may involve the whole lining membrane of both lungs, and then it is always attended with considerable peril.

This inflammation will sometimes, when it is thus *general* over the whole membrane, linger for a considerable time in its first stage; and it may even, after so lingering, subside again without ever passing beyond the first stage. By the first stage I mean the stage of dryness. Very little notice of this modification of bronchitis has been taken by authors. Dr. Latham has given a distinct and graphic description of it, to the accuracy of which I can testify from my own experience. You will find cases of it detailed in his book. Since they were published, some striking instances of this form of the disease have occurred to myself. One, which happened lately, I will relate by way of example. I was asked by an old pupil of the hospital to see a lady, his patient, in Gordon square. I found her feverish and in a state of extreme dyspnoea, sitting up in bed from inability to lie down, laboring for her breath; her face turgid and rather livid, her nostrils working, her shoulders elevated; she could scarcely speak, but expressed, in what she did say, a dread of immediate suffocation. She had been in nearly the same state for a day or two. On listening at her back I could hear the air slowly wheezing and whistling into her lungs everywhere, and then leaving them still more slowly, with a prolonged growl, something like that of an angry cat. There was no true vesicular breathing; there was no crepitation; and there was no part into which the air did not, although with difficulty, find its way. The chest was everywhere resonant on percussion. There could be no doubt that the membrane throughout was tumid and dry, and in the earliest stage of inflammation. Depletion had already been employed in this case, and we had recourse to the tartar emetic. This was given in free and repeated doses, till it produced nausea and sickness. Whenever it did so, the pulse diminished in force, the face became blanched, and the breathing much easier; and the medicine was then suspended until these effects had gone off, when it was repeated in the

same manner. The disease was not put a sudden stop to, however, by this treatment; it was kept at bay for a day or two longer, and then a copious secretion from the mucous membrane took place, with great relief to all the distressing symptoms. Then, of course, crepitation became universally audible. Except the debility which it left behind, the patient soon recovered of the bronchial inflammation.

But in the great majority of instances the inflammation does not thus linger in its first stage; the membrane soon begins to pour out glairy mucus; so that we do not often meet with *sibilus*, without finding at the same time, in some part of the same lung, that there is also small and large crepitation. It is of some importance to attend to the characters of the mucus that is expectorated. It is transparent and viscid. If you pour it from one vessel into another, it flows out in one mass of extreme tenacity; it will draw out sometimes like melted glass; and the degree of viscosity is a tolerably accurate measure of the degree of the existing inflammation. Upon the surface of the viscid mucus there is usually more or less froth, the *quantity* of it depending on the facility or the difficulty with which the sputa are brought up. If the patient does not expectorate till after a long fit of coughing, during which air has been many times inspired and expired, and has thus got intimately mingled with the mucus that fills the air-passages, the expectoration will contain numerous little air-bubbles: will be very frothy. Sometimes, also, during this stage of the complaint, the sputa are marked with streaks of blood.

While the expectoration possesses the characters I have been describing, the inflammation is still intense, and the fever and dyspnœa considerable. This correspondence between the general symptoms and the matters spat up was well known to the ancients, who said that such expectoration was still *crude*. But in proportion as the inflammation approaches to resolution, the appearance and qualities of the sputa are changed: the mucus loses by degrees its transparency, is mixed with masses that are opaque, and of a yellow, white or greenish color: and these masses, few at first, increase more and more in number, until they constitute the whole of the sputa. Such expectoration as this is commonly accompanied by a marked remission in the different symptoms of the bronchial inflammation: it announces that the inflammation is terminating in resolution. It is such as the ancients spoke of as being *concocted* or *ripe*. However, the characters of the opaque sputa expectorated towards the end of an attack of acute bronchitis are liable to great variation.

It will often happen that the expectoration after having thus become opaque, and parti-colored, will go back again to its former condition of transparency, stickiness and froth: and that is a very certain index of a return or increase or extension of the inflammation: so that an observance of the characters of the matter expectorated teaches us, in a certain degree, the progress of the inflammation: and consequently constitutes one point of guidance to our treatment. The nature of the expectoration forms also an important particular in the means of distinguishing bronchitis from pneumonia; as I shall farther explain when I speak of the latter disease.

I have described acute bronchitis as it appears when it terminates favorably : in such cases the inflammation generally begins to abate, somewhere from the fourth to the eighth day of the disease. But acute bronchitis may terminate *unfavorably*. When the inflammation is universal and intense, the fever high, and the labor of respiration great—if the symptoms do not yield to the treatment employed, or if judicious treatment has not been adopted, or has been too long delayed, signs of impending suffocation begin to show themselves: the lips, cheeks and tongue assume a purplish color: a livid paleness takes the place of the former red flush: the expression becomes more and more anxious; delirium comes on, and rapid sinking. These indicate, you know, the circulation of blood that is in a great measure venous through the arteries; and the venous blood acts as a poison when it so circulates. Profuse, cold, clammy sweats ensue; and the patient dies of apnoea. His breathing is choked by the morbid secretion which occupies the bronchial tubes, small as well as large, and which he has not strength enough left to cough up.

Accordingly, when we examine the thorax after death so produced, we find, in the first place, that the lungs do not collapse upon the admission of the pressure of the atmosphere to their external surface. We next find the trachea, and bronchi, and their ramifications, blocked up by a frothy adhesive mucus, resembling that which during life had been expectorated: and the membrane which lines them is red and thickened.

The treatment proper for these acute and dangerous forms of bronchitis is a matter of some nicety. Bloodletting, as I formerly stated to you, has not that decided power over inflammation of the *mucous* tissues which it possesses over the adhesive inflammation which takes place in the serous membranes. If there be much fever, a hard pulse, and great oppression of the breathing, and particularly if these symptoms present themselves in a young, strong and robust individual, we must bleed him from the arm. And you will always find bloodletting *relieve* the symptoms, even when its ultimate effect may be injurious. The patient's distress arises from his inability to supply air enough to arterialize the venous blood which is transmitted to his lungs; and by diminishing the quantity of blood sent to those organs, you will, *pro tanto*, mitigate his uneasiness. But a great part of the danger to be apprehended in the advanced periods of the disease, is that the patient may not have muscular power enough to disembarass his air-passages of the phlegm that over-loads them; to draw a strong breath, and to accomplish a vigorous cough. We must not bleed therefore to syncope, and again and again, as we are often justified in doing in cases of pneumonia. Sixteen ounces will be a moderate bleeding at first for an adult, but more or less than that must be taken, and the bleeding must be repeated or not, according to the condition of the pulse: for the pulse is a better measure of the propriety of pushing the abstraction of blood, than the local symptoms.

Great relief is often obtainable by *topical* bloodletting; by cupping over the surface of the chest, or between the scapulæ. If you distinguish sibilus in one portion of the lung more than in another, take the blood rather from that part of the surface which corresponds to the place of the sibilus.

After the bowels have been cleared by a mercurial purgative, calomel and jalap, for example, you will find the tartar emetic a very valuable medicine in these acute cases of bronchitis. It should be given in such doses as will excite nausea; and if vomiting be occasioned, you may still go on with the medicine after the sickness has subsided. The depression which this substance produces is great, but it is temporary, and it is effected without expending blood. With the antimony—I mean during the same period—mercury may and ought to be given: to this combination I should be inclined to trust more than to any other internal treatment.

If symptoms of sinking and debility have begun to show themselves, it will be necessary to administer stimulating expectorants. I presume that the carbonate of ammonia, which is often extremely useful in such cases, acts as an expectorant, by giving a fillip to the muscular power. But it is supposed by some persons to exercise some specific influence upon the bronchial membrane. However this may be, five or six grains of it, given in solution every four or six hours, are often followed by free expectoration and a marked improvement.

One of the circumstances of which patients are much disposed to complain, is the violent or importunate cough; and another is the want of sleep and of rest: indeed, the one of these is often, in a great measure, the cause of the other—the urgency or frequency of the cough prevents the patient from sleeping. Now there is nothing so well calculated to allay cough, and to procure sleep, as opium; and you will be strongly tempted to give these patients opiates, and you will probably be encouraged to do so by the success which will follow that practice in many cases. The good effects of a full narcotic at bed-time are sometimes very striking. Patients who for previous nights have been perpetually harassed by cough, and who are worn out by the disturbance of their rest, will sleep tranquilly, and in the morning expectorate largely and freely, and declare themselves wonderfully the better for their opiate. Yet opium is a ticklish remedy in these cases. Many a patient—some within my own knowledge—laboring under general or extensive bronchitis, have been put so soundly to sleep by a dose of opium on going to bed, that they have never waked again. I believe you may receive it as a golden rule in these cases, not to give opium—I mean in a full dose, so as to force sleep—if you see any venous blood mingling in the general circulation—if the complexion be dusky, and the lips in any degree blue. The circulation of half-arterialized blood through the brain is in itself a powerful cause of coma; and if you add the influence of an opiate, the coma may easily be made fatal. While the lips and cheeks remain florid, and when the first violence of the disease has abated, an opiate will do capital service. It is a common practice to combine it with antimony or some other expectorant. Twenty minims of laudanum, with the same quantity of the liquor antimonii tartarizati; or a third of a grain of the acetate of morphia, with a drachm of oxymel of squills, are convenient forms.

Counter-irritation is frequently of great use, as an auxiliary measure, in the treatment of acute bronchitis. Sensible relief of the cough, and of the oppressed breathing, often follows the rising of a large blister laid

across the front of the chest. When the dyspnœa is extreme, and a more speedy counter-irritant is required, you may have recourse to the mustard poultice. Inhalation of the steam of hot water is also very soothing and useful. It is one of the best expectorants I know of when it answers at all; but to some persons it proves irritating, and they derive no comfort from it.

I have been speaking of acute bronchitis, uncombined with any other pulmonary disease; and it is curious how little disposed the inflammation often seems to be to extend itself from the mucous membrane to the neighboring tissues. The reason, doubtless, is, that this membrane is furnished with a distinct set of bloodvessels, the bronchial arteries and veins; while the substance of the lungs is supplied by the pulmonary. We could not tell, merely by attending to the general symptoms, whether the inflammation was limited to the inner membrane or not; but by making use of the sense of hearing, we *are* able to determine this. If the inflammation should spread to the parenchymatous texture of the lungs—*i. e.* if the bronchitis should pass into pneumonia—this circumstance would be disclosed by physical signs, which I shall in due time describe and explain; and it would demand certain modifications of our plan of treatment.—*London Medical Gazette.*

THE PHILOSOPHY OF MESMERISM.

[PERHAPS an apology is due the readers of the Journal for occupying its pages with anything further on the subject of Animal Magnetism. As long, however, as there are individuals among the members of the medical profession who are willing to engage in public magnetic exhibitions, and others in and out of the professional ranks ready to be deceived thereby, it may not be amiss occasionally to expose the absurdities of the pretended science. Another reason for copying the following article, which was written by the editor of the London Lancet, is, that as no one has latterly done more than the writer of it, in the way of investigating the most noted exhibitions and making known the deceptions practised, anything from his pen comes with an authority by no means to be despised. Although the references are local, the whole article will be found interesting to American readers.]

The industry and wonderful perseverance of the family of Spiders is proverbial. They never tire; the destruction of their flimsy filaments is the signal for the re-construction of new webs; and when they are driven from the wall, they withdraw to holes, corners, and remote chambers, to catch flies or dust, as the case may be. In the morning your cunning spider sits enthroned in the midst of his web, spreading far and near from shrub to shrub; he surveys his work with cool complacency, and contemplates with quiet joy the unfortunate insects that have got entangled in his meshes. You sweep away his disfiguring fabric—it avails not; for in the evening the net is spread again,

Retiaque et laqueas, quæ lumina fallere possint,

and the spider is again there, or his place is occupied by some one of his

countless heirs and successors. Now, if there be any set of men who have these characters in common with the *arachnidæ*, they are the magnetizers. Franklin and the French commission demolished all the illusions invented by Mesmer, detected his frauds, and explained the real phenomena by the ordinary laws of physiology. As new Mesmerists arose, their delusions were dispersed; and so late as the year 1838, the editor of this Journal took the trouble, with some of his friends, to examine most carefully, patiently, and impartially, the experiments of Dr. Elliotson, performed by Dr. Elliotson himself on patients selected and trained by him, after he and his friend Dupotet had had the subject eighteen months in hand. Experiments were also instituted that were free from the fallacies which were mixed up with all Dr. Elliotson's unsatisfactory performances. The results are well known. The Mesmerized sovereigns, the water, and the nickel—above all, the nickel—in short, the whole humbug was exploded. *No effects whatever were produced but by the volition of the two girls. When O'Key did not know that substances were considered to be Mesmerized, they produced not the slightest effect, and her hands never moved in the right directions when she could not learn in what directions they were expected to move.* Mesmerism had a fair, full trial; if the spectators present had any prejudices, they were in its favor; yet it was proved to demonstration to be essentially a delusion. Dr. Elliotson was convicted of a gross error of judgment, to say the least of it, and very properly retired into private life, there, not, it seems, to purge his mind from error, and to make amends for the mischief he might have done to society and the medical profession, by some useful investigation, conducted in a rational, philosophic spirit. He is still a disciple of Mesmer; he has been all the while worshipping the false idol in secret; and Lafontaine had no sooner strutted on the stage of the Hanover-square rooms, and got himself puffed in half a dozen newspaper paragraphs, than Dr. Elliotson appeared again before select parties of friends in Conduit street. All this is pitiable. Out of compassion—out of regard for Dr. Elliotson's previous labors—and out of a lingering hope that he might one day have the good sense to acknowledge the illusions to which he had abandoned himself, we have never noticed his private vagaries; but as he has now publicly entered the lists as the rival of Lafontaine, and has thus drawn the curtain with his own hand, it may be injurious to the credulous part of the public not to notice his performances.

The first account we have to notice is contained in a paragraph in the Morning Chronicle (and if these accounts be not written they are evidently revised by Dr. E.), stating that he had afforded to ladies and gentlemen of rank and science an opportunity of witnessing experiments in the *science of Mesmerism*. The doctor and two young women were on the stage; and the grand *experiment* was the exhibition of the attractive power which he exercised on their bodies, so that they were drawn after him about the room in every direction. One of them, for instance, placed at a distance in the assumed Mesmeric state, would approach him, advance when he retreated, go to the right hand when he went to the right hand, turn round—in fact, follow him just as if she had been drawn after him by a cord. Such were the facts. The girls followed the magnetic doctor;

that was all. Why did they do so? If a person or a dog be seen following another round the room, it is not considered anything very marvellous; one would say, if asked for an explanation, "he follows him because he chooses to do so;" and they are influenced by some motive which can or cannot be discovered. According to the ordinary laws of nature, then, it would be said at once that the Whitechapel "young woman of thirty" chose to follow Dr. Elliotson round the drawing-room, either because she preferred that to sitting still, or because she wished to exhibit before an audience of "rank and science"—or because it gratified her host—or because she was paid for the performance—or because she had an eye to the pensions which it is suspected the magnetic patients will receive in after seasons. Oh! the Mesmerists will exclaim, but the will had nothing to do with these phenomena. The girls are *attracted* by the operator; their legs are moved, their arms are raised, their bodies are drawn towards him, as iron is drawn by the magnet. Very well. That is your hypothesis. It is quite new; no such force was ever heard of before, as this human attraction, independent of the affections and the will. Prove that it exists, and your names shall be placed by the side of Franklin's. Let us consider, for a moment, the consequences of admitting the Mesmeric hypothesis. The admission assumes that a *new force* has been discovered. One body (the Magnetic Doctor's) weighing say one hundred and fifty pounds, draws another body (the "young woman's") weighing say one hundred and twenty pounds, towards it from a distant part of the room; it moves a body weighing one hundred and twenty pounds with a given velocity. Here is then a certain force, acting like the force of gravitation, of electricity, or magnetism, but existing in human bodies. It must be an immense force, as will be immediately apparent, when it is compared with other forces, with gravitation for example, where the attraction which the whole globe exercises on the human body can be counterbalanced by a weight of about one hundred and fifty pounds; or with magnetism, where the largest magnet ever made will not stir a pound of iron at the distance of a yard. Yet the magnetic doctor *draws* a "young woman of thirty" after him all round his drawing-room!

We have now to consider whether it is probable that a new, enormous force has been discovered, or whether we have to deal with that old force the human will, and a vulgar, rude, voluntary imitation of magnetic attraction. It is a law of all the attractive forces which have hitherto been investigated, that their action is inversely as the square of their distances: if the distances at which the force acts are respectively as 2 and 1, the force will be four times as great at the distance of 2 as at the distance of 1. Hence when bodies move towards each other, they move at an accelerated rate; beginning slowly, and going faster and faster, until they come in contact. A stone falling is an example, or a needle approaching a magnet. But Dr. Elliotson's girls are only drawn within a respectable distance of his body in the public exhibition; they do not approach him at an accelerated rate, nor cling to him as iron would to the magnet. They flutter round him at a given distance. The doctor would, of course, remind us of the Sun and the planets, Jupiter and his moons, Saturn and

his belt, where the smaller bodies remain at stated distances from the centre of the sphere of attraction ; and we do not reject the analogy, but take the Mesmerist as the Sun, Jupiter, Saturn (though some would, perhaps, take him for the Grand Sultan). If his system still justify the argument, and account for the distance at which they keep, the girls should be driven round the magnetic doctor, by a centrifugal force, with inconceivable velocity. Nothing is said of this indispensable part of the phenomena in the report of the experiments.

It is evident, then, that the phenomena related by the Mesmerists, as the result of their experiments, are directly at variance with the universal law of attractive forces.

Again, according to the laws of attraction, if the magnetic doctor attract the girls, the girls must attract him ; they must be drawn towards each other, in the inverse proportion of their masses. Not one of the operators, however, has ever dared to say that he felt the slightest sign of the attraction in his own person.

Are we then to admit that these "young women" follow the Mesmerists because they choose to do so, or to admit the discovery of a miraculous force, hitherto unheard of in physiology, and subversive of the fundamental laws of physical science?

It is the easiest thing in the world to perform decisive experiments on this subject. Nothing can be more deplorable or unsatisfactory than Dr. Elliotson's lame attempts at experiments. We have seen him endeavor to raise O'Key's hand by *looking at it*. We took care that her eyes were properly bandaged, and he failed, of course ; although he stated that he had not failed before—from very good reasons. Her eyes were still bandaged, and he endeavored to raise her left hand, or her left leg, by waving his hand on that side, at the same time walking backwards and forwards with creaking boots, which told O'Key plainly on which side he stood. Some one was directed to walk on the right side also, and the experiment again failed. The following is related as one of the recent experiments :—"The elder female, a young woman of respectability, residing in the neighborhood of the Commercial-road, Whitechapel, first arrived, and was first placed in the operating chair. She had had epilepsy, and had recovered under the Mesmeric treatment of a *celebrated* French physician" (one of Dupotet's old pupils, we presume).

"Having assumed her position in the chair, Dr. Elliotson in less than one minute threw her into a state of *complete torpor*. Her hands were clenched ; her lips and eyelids tightly compressed ; and so rigid was the whole muscular system of the body, that all attempts to alter the position of any member by main force were ineffectual. Having remained thus a few minutes, Dr. Elliotson proceeded, by *the influence which he possessed over her, to raise her from her sitting or rather recumbent posture to her feet*. This was done by his drawing his hands, his fingers pointed towards the patient repeatedly, in a line from her face towards himself, retreating gradually from her as the operation proceeded. The patient, during the progress of this treatment, became violently agitated ; she writhed with violent muscular exertions to raise herself from the chair ; her face became suffused, and the activity of the muscular system within

was perfectly obvious, the rigidity of the limbs being meanwhile retained. From the position in which she lay it was physically impossible that she could raise herself, and she was placed in a posture more nearly approaching sitting, from which, *still influenced by the motions of the operator, she very shortly raised herself on her feet, the process being conducted without the smallest aid from the arms of the chair, but by means solely of her own muscular exertions.* Her hands were still clenched, and her position standing very nearly approached to that which she had assumed while in a sitting posture. She was now subjected to the Mesmeric influence in every way, not only by Dr. Elliotson, but by other persons in the room. *Her body was drawn to the right and to the left, her arms were raised and lowered, by the process of manipulation, such as we have already described ; and she was thrown into postures apparently the most painful, in which she continued during the space of several minutes, without exhibiting the smallest signs of consciousness."*

She arose "by means solely of her own muscular exertions." To be sure she did ; but this does not look very like rising by the "attractive influence" of the magnetic doctor. "Her own muscles," in our humble opinion, were excited by her own will, and not by Dr. Elliotson ; but this explanation will not suit the marvellous witnesses of the wonderful counsellor.

The whole delusion might be immediately detected and exposed at these exhibitions by any body who will take the trouble to perform the experiments in a proper manner. If the hand be raised by Mesmeric action, no philosophic mind will require further evidence of the existence of the force. At the next meeting let the "young woman's" eyes be carefully bandaged, and the usual manipulations be performed, which are said to draw the arm, in three different directions. Dr. Elliotson should be out of the room, and the experiment should be performed by an intelligent person, accustomed to scientific investigation. We pledge the existence of the *Lancet* that the experiment would fail, and succeed in bringing the imposture to light.

If Dr. Elliotson had a philosophical mind, and a sincere conviction that this force existed, he might easily devise experiments for demonstrating its existence. If the attraction be real, the girls might be seated in a small four-wheeled carriage, and drawn round the drawing-room by the attractive Mesmeric force of the magnetic doctor. Or, by accumulating the force, putting, for instance, a considerable number, of epileptic "young women" in a railway carriage, the doctor and his disciples might succeed in drawing them along the line. Mr. Brunel would no doubt place a carriage at Dr. Elliotson's disposal on the Great Western Railway ; or, if those carriages should be too large for his first essay, he might try his hand on the Southampton.

Everybody must remember the highly interesting researches of which the *gymnotus* at the Adelaide Gallery was the subject, and the results which were communicated to the Royal Society by Professor Faraday. But the curiosity excited by the investigation of the phenomena exhibited by the electric eel, could not for a moment be compared with the interest which similar researches would excite in the public mind, when

pursued on the person of a Fellow of the Royal College of Physicians, who is understood to have no special nerves or organs, like the *gymnotus* or *torpedo*, for the production of the wonderful force in question. Professor Faraday might be asked to conduct these, also. But whatever the result, if the magnetic doctor continue his freaks, he will inevitably find his way either into the Adelaide Gallery or into Bedlam.

CASE OF CANCER OF THE PENIS.

BY JOSEPH JAMES RIDLEY, M.D., FORSYTH, GEORGIA.

THE subject of cancer; its essential nature, its etiology, diagnosis, prognosis, &c., are involved in impenetrable obscurity; its curability remains "*sub judice*." The French surgeons, with one accord, acknowledge "their inability to define it satisfactorily." Notwithstanding it has, since the birth of medicine, been a focus of scientific light, and intellectual giants have brought the vast resources of their minds into its exploration, it still remains a "sealed book." The very best evidence of its being "*terra incognita*," is the universal contrariety of opinion among medical men touching it. Some men entertain hopes of its curability. A distinguished medical gentleman, within my knowledge, insists upon it that he has often succeeded in curing cancer *empyrically*; other "*nomina clara*," fully assured of its incurability, make this its diagnosis. Sir E. Home, MM. Bayle and Cayol, Messrs. Cooper, Gibson, &c., regard it as alone curable by the timely and judicious use of the knife.

The etiology of cancer is a matter equally controverted. Gibson, Carmichael and others, speak of its animalcular origin (agreeably to their theory, it is produced, as psora, by acari and other animalculæ). Liston, Roux, Cooper, Hunter, attribute it to an hereditary predisposition, developed by adventitious causes. Bayle and Alibert cite numerous instances of its descending from parent to child. Yet we have many recorded cases of its independent, substantive existence. Adams, Wardrop and Liston have met with many instances of its origin without ostensible cause. It is not my design to canvass these different opinions, but concisely to report a case of cancer of the penis. It has no remarkable interest from novelty; it may, perchance, throw light on the pathology of lithiasis, with which it was in evident connection.

T. D., aged 85, a soldier of the Revolution, had, until recently, been blessed with a vigorous constitution—he assured me that he had never been confined to his bed more than a day at one time throughout his long, eventful life. His mode of life was laborious—an industrious agriculturist—his diet was poor; his habits for many years past had been at times dissipated. His temperament was *sanguineo-nervous*; excitable and fearless. He was attacked, July, 1840, with symptoms of lithiasis. Itching in prepuce and glans penis, agreeably to Dorsey, are invariable symptoms of calculus. This person suffered acutely on this account. He had difficult and bloody micturition. These symptoms continued for some time; they at length ceased and never afterwards returned. Whether the calculus became encysted, or was dissolved by an empirical remedy

(horse-radish tea), as pretended by his credulous friends, or in what manner the result was brought about, I will not conjecture. About this time a wart-like pimple was perceived about the insertion of the frenum preputii into the glans penis, of the size of a pea, hard and red. Not much attention was paid to it; it remained without material alteration for five or six months, when it began to extend itself. By degrees it implicated the whole of the glans penis. Now it was that empiricism essayed its powers. Various highly inflammatory remedies were used; the effect of these was aggravation. Red precipitate had been recommended; I was consulted with regard to its propriety. I cautioned in strongest terms against thus tampering with a disease which, from the representations made of it, I was induced to believe was about to terminate in cancer. I was then requested to see and attend the case. Upon my first visit I was confirmed in my apprehensions. The diagnosis was clear and obvious. The glans penis had been nearly eroded; but a very small particle remained. The whole penis was involved in high inflammation; the cellular tissue was excessively engorged. About twelve lines from the scrotum, on the corpus spongiosum, was a tit, with everted jagged edges, through which urine dribbled in his attempts to urinate. My patient was racked continually with excruciating pain. Perhaps the surest symptom of cancer is its unintermitting pain. I anticipated at once the impracticability of effecting a cure. My only recourse was anodynes; by these the old gentleman got a little respite occasionally from the severity of his sufferings. I soon perceived that I could rely upon nothing but the knife. There were evidences that the disease had extended itself deeply into the urethra. The fitful and evanescent relief afforded by anodynes and refrigerants induced in him a delusive hope of possible cure. I frankly stated that the only possible relief was in surgery, and that even amputation would not certainly reach the root of the disease. I requested my friend Dr. Roddey to see my patient with me, and consult upon the chances of cure from amputation. I went armed to operate. On the night before a copious discharge of blood from the urethra had occurred. This and other indications of a thorough implication of the whole urinary apparatus induced us to decline operating. About this time a large, ill-conditioned tumor, filled with atheromatous or cheese-like matter, appeared in each groin. Whether this was from sympathy, according to Desault and Cooper, or absorption of carcinomatous virus as in syphilitic labors, I will not presume to decide. One thing I will say, that sympathy is an unscientific term. Men are apt to throw themselves upon the doctrine of sympathy to account for phenomena difficult of solution, but which grow out of a continuous chain of physiological causes. The sufferings of the old gentleman were now so intense and unintermitting that he resolved upon amputation as a means of temporary relief. He had become so weak that it was impossible to keep him nerved long enough at any one time to make the necessary preparations, and thus he vacillated from day to day until he went down to the grave. Recently a fourth tumor, similar in character to those in the groin, made its appearance above the "*os pubis*."

A remarkable fact connected with this case, is the perfect and unin-

interrupted assimilation of nutrition throughout. Liston, Cooper, &c., speak of indigestion as an invariable sequence of cancer. Although a large quantity of morphia was used, yet it did not become necessary to have recourse to aperients but very rarely during the continuance of the disease (fourteen months). I am informed that his dejections were healthy and uniform during the whole course of his disease until the third day before his decease, at which time the powers of nature gave way, and nearly every function was suspended. The inguinal tumors continued to discharge immense quantities of matter *externally*, until within a few days of his death, when the discharge turned inwardly.

The science of cancer is in its "transition state, from incertitude to demonstration." Hence the great importance to the profession of medicine, that all facts tending at all to throw light upon cancer be minutely reported, that order may spring from chaos, light from obscurity. Cancer is a disease of no ordinary magnitude, whether we regard its acuteness or suffering, its great prevalence or its direful fatality. I do not expect too much from medicine in hoping that the investigations of science may yet evolve some medicinal agent with power to stay its ravages. I know not why cancer, if undertaken in its incipiency, may not be cured. Nature contains in its vast *materia medica* a remedy, if timely and judiciously used, for every other human malady; why must cancer prove of necessity an "opprobrium?" The results of investigation hitherto have been failure. Thus was it with variola until 1776. The profession should not abate a whit in its energy in this investigation until the cure of cancer shall have become "*res adjudicate*."—*Med. Examiner*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 17, 1841.

GRAVES'S CLINICAL LECTURES.*

THESE Lectures by Dr. Graves, originally appeared in this country as one of the publications of the Medical Library, under the auspices of Dr. Dunglison. They excited great interest, and were read by the profession, especially in this part of the country, as a powerful check to the skepticism, but too common with us, in the power of medicine. It were unseemly to say more than this, that this work should be in the hands of the old practitioner and the young student. The Dublin school has taken that stand in the science which was imperiously demanded by the too great devotion paid to diagnosis, to the utter neglect of a knowledge of therapeutics; many felt, that however correct the diagnosis (even to the faintest shadow of a *rôle* in phthisis), the duty of the physician was not completed, unless he could minister to, as well as dilate upon the character of, the disease. The few lectures added by Dr. Gerhard serve to es-

* Clinical Lectures, by Robert J. Graves, M.D., M.R.I.A., &c. &c. Second American edition, with Notes and a Series of Lectures, by W. W. Gerhard, M.D., Lecturer on Clinical Medicine to the University of Pennsylvania, &c. &c. Philadelphia: Barrington & Haswell.

tablish more firmly his reputation as a teacher, and one cannot but regret they are not more numerous.

[A friend had the kindness to commence a review with the above observations, when he was reluctantly obliged to leave the further consideration of a book, which he would have warmly recommended to his professional brethren. Contrary, therefore, to our expectations, Dr. Graves's Lectures, in their present convenient form, enhanced in value by the industry and science of Dr. Gerhard, have not received that attention at our hands, which was fully intended from the day a copy was received. Imagining that the real merits of these writings might be better set forth by a person whose power of critical analysis is destined, without doubt, to be highly estimated with the increase of his years, we devoted less personal attention to the general claims of the author, than usual. Being thrown back to the original condition of knowing very little of the character of Dr. Gerhard's additions, otherwise than believing that he has rendered good and essential service, we are unable at present to speak further respecting them.]

Climate of the United States, and its Endemic Influences.—A prospectus is abroad, to publish by subscription a work, the design of which is, to exhibit a connected view of the leading phenomena of our climate, both physical and medical, comprising a condensation of all the writer's observations on the subject. It is based, chiefly, on the army meteorological register, and the statistical reports on the sickness and mortality in the army of the United States—embracing a period of twenty years—both of which publications have been recently given to the public by the present chief of the medical department of the army, Thomas Lawson, M.D. The author of the proposed book is Samuel Forry, M.D., whose fitness for the undertaking must be acknowledged, wherever his name is known. He will so divest these volumes, comprising five hundred pages, of statistical details, as to embrace in about one hundred and fifty pages the residue of the contemplated work, consisting of those deductions which more extended investigations have enabled him to make. It is to be handsomely printed in an octavo, of 350 pages, bound in muslin, and gilt. Cost, to subscribers, \$2.50. It is to be hoped that there will be a generous expression of interest manifested in this enterprise. If anything is calculated to discourage an author, who impresses the public in a favorable manner with regard to his merits, it is a tardy movement. Patronage, to be serviceable, should be speedy as well as hearty. Those who may find it most convenient, are invited to leave their names at this office, to be transmitted to Dr. Forry.

Jahr's Manual of Homœopathy.—The agent of this work, which is considered exceedingly important by the Homœopathic practitioners, is as badly located as possible, in this city, for accommodating those who might wish to purchase it. The idea of having it on sale at a toy-shop, may be thought, by some, in keeping with the cause the book is designed to sustain. If those most interested in the character of the homœopathic doctrine and the sale of publications devoted to it, would place them where purchasers usually go for books, viz., in a respectable book-store, the receipts would doubtless be increased.

Cerebral Physiology.—An extra has been received from the Public Advertiser office, Louisville, Ky., of a very extraordinary character. A certain Dr. Jos. R. Buchanan announces that he has discovered a method of exciting any distinct portion of the brain, independent of every other part—and he moreover declares that he can carry on the excitement even to monomania! He can quicken the activity of any one of the organs of sense—make a man laugh or cry—be merry or sad, right handed or left, just as he chooses; and perform such a multitude of antics with the fabric of a man, that it must be dangerous to provoke his ill will. The programme of what he can do—all under the technical, talismanic name of *cerebral physiology*—puts the discoveries of past ages entirely into the shade. Six physicians have certified to the doctor's very strange doings—which is a kind of evidence that, like animal magnetism, Dr. Buchanan's recent discoveries are astonishing those who never looked behind the screen to see the wires pulled.

Castleton Medical College.—By an act of the Vermont Legislature, the name of the *Vermont Medical Academy* has been changed to *Castleton Medical College*. Wm. P. Russel, M.D., has received the chair of Medical Jurisprudence. He was formerly at the other school. Lectures will commence the second Tuesday in March, and continue fourteen weeks. On the 11th of October, Dr. McClintock commenced a fall course of dissections and lectures at Castleton, which are to continue two months. His winter course begins December 20th, and also continues two months. Besides these advantages, there is a private school under the united care of Drs. McClintock, Perkins and Jamieson, which offers peculiar advantages to the student, at a very reasonable rate.

New-England Medical Institute.—In the late Thomsonian Convention held in this city, the question whether the contemplated school should be called the *New-England Medical Institute*, instead of the *Thomsonian Medical College*, was debated nearly two hours, and finally negatived. It was voted, that the board of trustees be requested to secure the services of competent professors in the different branches to be taught at the contemplated college, and that a course of lectures be given in Boston, as soon as a sufficient number of students can be found, who will attend. It was also voted, that the lectures embrace the following branches of medical study—viz., Thomsonian Theory and Practice of Medicine, Anatomy, Surgery, Physiology, Obstetrics and Chemistry. Query: How long will it be before the Thomsonian theory and practice will be lost sight of, and the new school be a rational one, conducted on scientific principles, and under the control of a respectable, learned faculty?

On Hemeralopia which was Epidemic in the Department Bouches-du-Rhone. By DR. FRECHIER.—Epidemic hemeralopia has often been observed. In the present instance it was first observed at Mausanne in the commencement of March last, affecting pregnant women especially, but sparing neither age, sex nor temperament. In some it simply enfeebled vision after sunset; others were completely blind at night, although their vision was perfect during the day; and in others vision was imperfect even at mid-day, although it was not entirely abolished at night. The

duration of the affection was about seven or eight days; the constituent parts of the eye were unaltered; indeed, except in the cases in which pregnancy was concomitant, the affection was absolutely isolated. The cause was evidently general and diffused, but its nature is subject for conjecture.—*Brit. and For. Med. Review, from Bul. Gén. de Thérapeutique.*

Case of Pruritus Scroti, Cured by fresh Lemon Juice. By DR. OPLER, of Tarnowitz.—This was an extremely distressing case, that had resisted all internal and external means for ten weeks, depriving the patient of sleep, and producing incessant distress. The pruritus extended to the penis, and was accompanied by no primary rash, nor any perceptible local alteration except what was produced by the friction. A wash of diluted lemon-juice gave immediate relief, and after a few applications produced a perfect cure.—*Ibid, from Berlin Med. Zeitung.*

Medical Miscellany.—Four persons were lately poisoned by having Jamestown-weed seed mixed with their coffee—put in by some wickedly disposed cook. By medical assistance they were all saved.—After the battle of Austerlitz, Baron Larrey, the favorite surgeon of Napoleon, amputated 1400 limbs, and the knife, in consequence of exhaustion, fell from his hands! This is told on the authority of Dr. Mott, of New York.—A meeting of the Southern District Medical Society, in Massachusetts, was held Nov. 10th.—Some recent cures of consumption, quite astonishing, are said to have been effected by sawing wood.—Dr. William Taylor, Vice President of the Medical Society of the State of New York, is a candidate for the Legislature. It is hoped that he will keep at bay the petitions of the Thomsonians, who claim equal standing with the learned profession in that State, by legislative enactment.—In 1839, there were 2717 suicides in France, 698 being females. The number increases annually: in 1838, there were 2556.—Dr. Staats, of Albany, has had such surprising success in the treatment of gonorrhœa, by the extract of cicuta, that he has addressed the members of the Medical Society on the subject. In giving it to a patient with neuralgia, who happened also to have the other complaint, he was relieved of both, by four grains every four hours, till the system was under its influence. Since, he has cured several cases, giving the same dose, once in four hours, till dizziness was produced, to be followed by a dose of Epsom salts.

MARRIED,—In Boston, Dr. Otis French to Miss E. Fay.—At Brooklyn, Conn., Alfred Still, M.D. of Philadelphia, to Miss C. C. Barnett.—Horace Green, M.D., of New York, to Miss Harriet Sheldon.

DIED,—At Rainham, Mass., Mr. Amos W. Dean, 21, a medical student, recently of this city.—At Edinburgh, Scotland, Dr. Robert Cowan, professor of Medical Jurisprudence in the University.—At St. Augustine, Florida, Dr. Wightman, of the U. S. Army.—At Malta, Dr. Anthony De Armas, of New Orleans. He had arrived the morning of his death, at the Quarantine, from Athens.

Number of deaths in Boston for the week ending Nov. 13, 23.—Males, 15; Females, 13. Stillborn, 1. Of consumption, 4—dropsy, 1—lung fever, 3—dropsy on the brain, 2—infantile, 2—marasmus, 2—croup, 2—hemorrhage and child-bed, 1—convulsions, 2—inflammation on the brain, 1—scarlet fever, 1—smallpox, 1—debility, 1—old age, 1—typhus fever, 1—fits, 1—unknown, 1.

RESPIRATORS.

THE subscriber, by means of an agent in London, has constantly on hand a number of Respirators, of every quality. N. 17—cop3m H. I. BOWDITCH, 8 Otis place.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	- - -	NATHANIEL CHAPMAN, M.D.
Chemistry, by	- - -	ROBERT HARE, M.D.
Surgery, by	- - -	WILLIAM GIBSON, M.D.
Anatomy, by	- - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	- - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	- - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	- - -	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	- - -	W. W. GERHARD, M.D. and
" on Surgery, by	- - -	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 20, 1841. A 25—tDec1 Dean of the Med. Faculty, 263 Chesnut st., Philadelphia.

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDRAL'S Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Clutterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Munsele on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plunbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretius on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

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June 19

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Ap 7—6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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WEDNESDAY, NOVEMBER 21, 1841.

No. 16.

CASES OF OPERATION FOR ARTIFICIAL PUPIL.

BY JOHN JEFFRIES, M.D., ONE OF THE SURGEONS OF THE MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY.

[Communicated for the Boston Medical and Surgical Journal.]

THE unfortunate situation of the patient who is always blind, at least as to all useful vision; and in general can only discern light as the healthy eye discerns it with the lids closed; and having his only chance in an operation which is perhaps the most difficult to perform, and most uncertain in its results, of all ophthalmic surgery, renders everything connected with the subject of artificial pupil of such interest, that any suggestion which experience furnishes is worth some notice.

From this circumstance, and from the conviction that there are many cases now existing which might be relieved, the following cases are published.

CASE I.—William Oates, 48 years of age, from China, Maine, applied to the Infirmary, and was received as a house patient, July, 1840. He stated that his eyes were good with the exception of three several injuries occurring at the age of 6, 12, and 32 years, at each of which times he had a temporary inflammation, from which he perfectly recovered, until about four years since, when the sight of the right eye began to fail him, unaccompanied with pain or apparent inflammation, and continued to fail for one year; at which time he had a fever accompanied with delirium, and, as he well remembers, a swelling on the side of the face. He does not know if his eye was inflamed at this time. On his recovery he found he had lost his sight, retaining only the perception of light.

The following was the state of the eyes at the time of his application. The appearance of the right eye was not quite as bright as natural; in other respects it looked well. His vision with this eye was not distinct. He had had floating muscæ for several years. He thinks that the disease of the left was affecting the right eye, which was the cause of his application for relief. The left eye had closure of the pupil upon an adventitious membrane or portion of capsule. The iris was smooth on the surface, and had not lost its fibrous appearance. Its color was of a reddish brown, and darker than its fellow. There was no other appearance of disease in the globe. The application of stramonium produced no effect upon the pupil or vision. The perception of light was about as much as seen through the closed lids of the healthy eye.

In this condition of things I determined to attempt a removal of the

capsule with a cutting needle passed through the sclerotic, and if this was not successful to operate afterwards for artificial pupil. Accordingly I operated for him on the 26th of July 1840. I was enabled to detach the capsule partially, but not entirely. No inflammation followed this operation, and his vision was somewhat improved for a short time, but again relapsed so much as to leave only sufficient sight to confuse that of the other eye. He returned again on the 8th of November, 1840, for further assistance, and on the 14th, having previously prepared him for the operation, I operated for artificial pupil. The patient lay upon his back on the table, the upper lid being held by Dr. Geo. Bethune, without the use of the speculum. The lower lid and globe I controlled myself. With the cornea knife I made a section of the cornea downwards, a little more in extent than I usually do in extraction of the lens. This I did that I might have more room in case there should be occasion to remove a portion of the iris. The upper lid was allowed to fall immediately on the completion of the section. A small quantity of the vitreous was observed to escape with the discharge of the aqueous humor, by which it was evident that the iris was ruptured. After a short rest the eye was examined, when I found that the iris was rent from the place of the natural pupil about two thirds towards the outer side. This opening had dilated to an oval form, as large as the natural pupil. On the inner part there was seen a small, circular, white body, about one line in diameter, loose at the new pupil, but attached to the uvea on the inner side. With the ring forceps, carefully introduced, I detached this membrane and withdrew it from the globe. The pupil now dilated still more, becoming once and a half the size of the natural pupil, and was of an oval form, occupying the place of the natural pupil and half the distance towards the outer canthus. No accident accompanied the operation, which was effected with very little pain to the patient. He said he could see the objects about him at its completion. The eye was dressed with a compress wet with cold water, and confined with a single fold of bandage. The eye was quite easy, and the patient free from constitutional affection for three days. At this time the bandage was removed, and on examining the eye it was found that the incision of the cornea had entirely united; the cornea was somewhat hazy; the pupil still remained, but there was in it a deposit of lymph. Leeches were directed to the temple, and a grain of calomel given night and morning.

On the fifth day the cornea was more opaque, and threatening to break away at the incision. He had had but little uneasiness in the eye, but more pain on the side of the head. More leeches were applied, and the calomel with opium given at night, but omitted in the morning.

The fourteenth day. The patient had been improving, with occasionally some pain at night. The cornea had become quite clear; a considerable pupil was seen, free from lymph, of the size and figure before described. His vision was improving. He could see objects, but they appeared hazy. A slight zone was still seen around the cornea. His eye improved in clearness and strength until the thirty-fifth day after the operation, giving every indication of a perfectly successful result. At that time there was a deposit of lymph at the upper and inner angle of

the pupil—the seat of the adventitious membrane; the pupil began then to contract at that part, and as the lymph was deposited continued to close from this part nearly across the new pupil, leaving but a small opening in the iris, which was dim in its appearance. This closure was slowly accomplished in about fourteen days, notwithstanding every effort to prevent it by depletion and the use of mercury. He was discharged on the 22d of January, 1841, without improvement.

CASE II.—Mark Langley, from Bringham, Maine, æt. 42, applied May 28, 1841. He had an inflammation in the left eye, occasioned by an injury to the eye about two years since. This extended to the right eye, and soon occasioned blindness of both eyes. At his application the right eye was free from redness and uneasiness. The pupil was nearly closed, but not quite. What of pupil remained was filled with a white membrane, apparently capsule, wholly adherent to the uvea. The iris was lighter colored than usual, and somewhat fibrous. It was doubtful if the iris had lost its contractile power. As the disease commenced with acute inflammation, and the iris was discolored, it seemed most probable that it would not contract if divided. Having previously prepared the patient by some depletion, I operated for artificial pupil on the right eye on the 31st of May. The patient being placed as in the former case, and the upper lid supported by Dr. R. W. Hooper, I made a section of a full half of the cornea, after which I found the iris ruptured in the place of the natural pupil, towards the inner side, about one third of the diameter of the iris. This appeared to be mostly occupied by a white membrane. Seizing the loose end of this with the ring forceps, I separated it from the uvea and withdrew it from the eye. In doing this I found a hard, shrivelled lens, about one third of the natural size, adherent to it on the back side. When this was removed a large oval pupil appeared in the centre, and on the inner side of the iris. He could discern objects partially after the operation. The dressing and subsequent treatment were much as in the former case. He had scarcely any uneasiness or redness in the eye. The cornea healed very readily, but there appeared, soon after the operation, a low degree of inflammation in the iris, which in three weeks closed the pupil, and he was discharged the last of August without improvement.

From my observation of these two cases, and their failure after the formation of so large an artificial pupil, so happily accomplished, I was convinced that the chance of success was greatly diminished by the extent of the division of the cornea. It was also apparent to me that the iris more frequently retained its contractile power than might be presumed either from its appearance or from the previous history of the disease. I therefore determined, in similar cases, to attempt the division of the iris through the cornea, with the iris knife. The only objection to this which occurred to me before the attempt, was from the shape of the instrument; which, as it must be introduced with the flat sides towards the iris and cornea, might not be turned to carry the cutting edge towards the iris, without at the same time cutting the cornea so much as to produce a discharge of the aqueous humor, and prevent a division of the iris. A case soon occurred, however, to test the practicability of the operation, as follows.

CASE III.—Joseph Nelson, from Clinton, Maine, 54 years of age, applied at the Infirmary, July — He appeared to be a healthy and temperate man, of a phlegmatic temperament. He had been injured by blasting rocks some time since, and had now recovered from all inflammation or irritability of the eyes. The appearance of the eyes was—the right eye was reduced in size and altered in figure; the cornea flattened and leucomatous over its whole extent, making entire destruction of this eye. The left globe was of natural size and firm. This was also opaque over four fifths of the cornea. The leucoma was prominent and dark colored in spots, showing the union of the iris with the cornea. A small section of the cornea was clear at the lowest part, through which about a fifth or sixth of the inferior part of the iris could be seen. This appeared fibrous, with the fibres on the stretch towards the anterior synechia, which commenced near the bottom of the leucoma. The space between the iris and cornea, at its more healthy part, was extremely small. The two parts appeared almost in juxtaposition. The degree of vision, according to the expression of the patient, was as much as is seen through the lids of the healthy eye. The case, of course, was an exceedingly unpromising one; and indeed had been fully condemned before I saw him. The only chance seemed to be by incision through the cornea with the iris scalpel, as I had formerly devised. Accordingly, on the 3d of July, I performed the operation for koretomia as follows.

The patient lying on his back on the table, and the upper lid supported by an assistant, I entered a small iris knife through the bottom of the opacity, with the cutting edge towards the inferior part of the globe, and the flat side in front. I then brought the point in front of the iris, and carried it across to the corneal edge on the opposite side, and entered the point through the edge of the iris, at the same time turning the cutting edge inwards. In doing this I was careful not to advance the instrument, for fear of wounding the ciliary body. With a back stroke of the knife, I then cut the iris until I saw a clear black opening, as large as I thought the case would admit. The instrument was withdrawn as it was entered. There was no escape of aqueous humor. This I presumed was because of the very small quantity in the globe, and also because the knife was entered through the leucoma. A new pupil was now seen at the edge of the iris, much less in size than I expected, the iris having stretched on before the knife, in the attempt at incision. It was about half a line in diameter, and somewhat irregular. The patient said he could see the objects moving about him.

On the second day he had had no pain, but some soreness in the globe. The pupil still remained. The patient went on from this time without any trouble or accident, and was discharged on the 23d of July, with a small but clear pupil; the eye still a little too irritable to use his sight freely. On the 17th of September he returned to see if his vision could be improved. He had supported himself by work during the summer, but found it difficult to distinguish objects on the ground. Thinking his sight might be improved by glasses, I supplied him with a lens of four-inch focus, with which he could read large letters; distinguish the signs across the street, and count the spokes in the wheels of carts at a little distance.

I preferred to rest satisfied with this degree of vision, rather than risk the loss of it, for which he said "he would not take a barrel of gold."

CASE IV.—John Everett, from Templeton, Mass., 45 years of age, was admitted October 7th, 1840. His sight failed him about three years before his application, so that he could not see to read. At his admission he could not see a lamp across the room, nor define the windows. He had cataracts of both eyes, of a bluish-white appearance. The pupil of the right eye was regular, that of the left a little irregular. Both pupils dilated, but not actively. They were made to dilate by the use of stramonium. The lens in each eye appeared large and prominent; the conjunctiva suffused and somewhat injected; his face was quite florid. Presuming that the lenses were hard, and fearing to leave them in the globe so disposed to vascularity, I thought it best to remove them. Accordingly, the patient having twice taken a saline cathartic, and having been bled, I operated for extraction of both cataracts on the 16th of July. Both lenses were readily extracted, and found hard and large. No accident followed the operation; the patient did well, and was discharged November 16th, with both eyes easy and quite clear, able to read common print. The right pupil showed some disposition to contract, but was easily dilated by stramonium. He returned again to the Infirmary September 17th, 1841, having lost the sight of the right eye. He had closure of the pupil, confined by an adventitious membrane. The iris was fibrous, and a little lighter in color than the left eye. Having been cupped on the nape of the neck six ounces, and taken a cathartic, I operated for the formation of an artificial pupil on the 22d of Sept., 1841. The patient lying on his back, I supported the upper lid and controlled the globe with the left hand. I then entered the iris scalpel flat, with its cutting edge upwards, through the cornea, about a third from its outer edge towards the centre, passing the knife across the iris and over the centre of the former pupil. I carried it through the iris midway from the centre to the corneal edge, on the inner side, at the same time turning the cutting edge inwards, intending to divide the membrane from that point into and through the natural pupil. Depressing the point for this purpose, I made a back sweep, and seeing a good-sized space made by the knife, I presumed I had fully accomplished my purpose, and withdrew the knife. On doing this, I found that I had cut the edge of the pupil and adherent capsule across the former pupil, making a good-sized pupil by the contraction of the iris. This was occupied and obstructed on the outer part by the white adventitious membrane; the remainder was black and clear. There was also a small point where the knife entered the iris, forming another very small pupil between the centre of the iris and the inner edge. He was able to distinguish the faces of those about him after the operation. There was no escape of aqueous humor at the time or after the operation. The eye was lightly bandaged, and the patient went to bed. No inflammation followed the operation.

On the third day there was a good pupil in the place of the natural one, and the smaller pupil had considerably increased in size. This last continued to increase for ten days; at which time it was a third as large as the natural pupil, leaving only a few fibres between it and the central

pupil. His sight was pretty good with this eye, but he said he saw a black band perpendicularly across every distant object at which he looked. In consequence of this, and the eye being quite free from irritability, I determined to operate again and unite the two pupils into one. This I did on the 11th of October, with the iris knife as before. In doing this second operation, I entered the knife with the cutting edge downwards, and as the patient had no control over the eye and it was drawn convulsively upwards, I was afraid the cornea would be cut too freely, and immediately withdrew the knife. I then secured the globe by the double hook fixed into the albuginea, just above and within the edge of the cornea. This was held by an assistant, and I again perforated the cornea with the iris knife, having the edge upwards. I then easily separated the iris between the two pupils, by a sawing motion of the knife, without further cutting the cornea. This formed one full and free pupil. Although the cornea was thus twice punctured, *there was no escape of the aqueous humor*, nor was there any inflammation to defeat the success of the operation. He was soon able to begin the use of the eye, and was discharged able to read common print, with the eye daily improving in strength and clearness.

From the recital of these four cases for keratomia, it would seem very probable that had the two first been operated for in the manner of the latter ones, they would have been perfectly successful. They were both peculiarly adapted to the anterior operation by simple incision; the iris retaining its contractile power; the globe being sound, and the retina still possessing its sensibility. In all cases of closure of the pupil after the operation for cataract, this mode is to be preferred, as in these cases the lens has been removed or absorbed. In cases where Cheselden's operation would be done, this mode is decidedly the best, as inflicting a much less wound upon the eye and avoiding the ciliary processes; a circumstance almost inevitable in the posterior division. And indeed in all cases where the iris will contract on division, it may more safely and successfully be done than the modes of Baron Wenzel, Janin, Sir W. Adams, Maunoir, and the various modifications on them adopted by other able operators. In many cases, also, I think it may be found a good substitute for the operation for corectomia, as in cases of simple central opacity of the cornea, inflicting as it does a much less injury upon the iris than a removal of a portion of its substance must necessarily produce. It cannot, of course, be done where, from previous iritis, there has been a deposit of lymph upon and in the substance of the iris, rendering it gibbous and uncontractile. But I have thought that in a case of doubtful condition of the iris, I should do this operation as a preliminary step to the further division of the cornea and removal of a portion of the iris; having several times found that in doing Beer's or Gibson's operation, the great difficulty in effecting the mechanical operation was in dividing that part of the iris which lay farthest from the incision of the cornea.

In the severer operations upon the eye, as in extraction for cataract and the operations for artificial pupil, we labor under peculiar difficulties in northern climates, from the deep and protracted inflammations which

attend our more irritable subjects. The difference between these operations upon a Chinaman and a New Englander, by hands equally skilful, is hardly to be estimated by one who has not seen or known its effects upon the two classes of temperaments. The increased difficulty of accomplishing the operation with success on northern subjects, is a sufficient reason for making any suggestion public which may in any case lead to a more happy result.

Boston, Nov. 16, 1841.

ORTHOPEDIC INFIRMARY.—SURGICAL OPERATIONS THE LAST WEEK BY JOHN B. BROWN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY BUCKMINSTER BROWN.

LATERAL CURVATURE.—The subject of this operation was a young lady, aged 19, naturally of a good constitution, but rendered feeble and nervous by the deformity of the spine.

Dr. Brown did not perform this operation in a manner precisely similar to that described by the European surgeons. He made the puncture on a line with the last dorsal vertebra, carrying the knife, on its flat side, between the integuments and muscles, nearly to the spinous process of the same vertebra. He then turned it, and divided the longissimus dorsi transversely; again turning the instrument, he run it down near to the spinous processes, for the space of two inches, and then up along the course of the spine two inches, dividing the whole of the spinal attachment of the serratus posticus inferior, making a subcutaneous longitudinal incision of four inches, involving of course a division of the attachments of the latissimus dorsi at these points; all of which was done through one cutaneous puncture. There was no bleeding of any consequence—probably not more than a tea-spoonful. A small piece of adhesive plaster was applied over the puncture, which being secured by a compress and roller, the young lady walked to her bed.

The deviation between the shoulder-blades, which previous to the operation was three inches, was reduced in four days to one and a quarter inch. Extension having been applied by means of the inclined plane used in this Institution, the lumbar curve has entirely disappeared, and she has gained one and a half inch in height.

KNOCKED KNEES.—A boy, 6 years of age, was brought to this Infirmary, with both legs badly deformed. He had never been able to bring his feet together. Each lower leg formed an angle outwards of 30 degrees with the thigh, and the tibia of each leg was much bent anteriorly—particularly the left. The biceps and external lateral ligament were divided subcutaneously in each leg, and apparatus constructed for the purpose applied. In four days the legs were brought on a natural line with the thighs. The apparatus used in this instance is calculated not only to correct the deformity of the knees, but also to straighten the tibia. Dr. Brown's first intention has been already attained; the possibility of fulfilling the last remains to be proved. It was truly astonishing to observe the results following (even a few moments after the operation) the

division of those fibres which had by their contraction produced so frightful a deformity.

CONTRACTED TOE.—A young lady of 16, with the second toe of left foot doubled upon itself—particularly in walking. Dr. Brown divided the flexor of this toe, and it was immediately restored to its normal position.

PES EQUINUS VALGUS.—A young man, 19 years of age, afflicted with this deformity from birth. In this instance a subcutaneous division of the peroneus longus and brevis was all that was considered necessary at the present time, as previous to his entering the Infirmary the tendo-Achillis had been twice divided. This was accordingly done on Saturday, Nov. 13. There is reason to apprehend that there exists in this case a paralysis of the antagonizing muscles, which of course, if such be the fact, will prolong the process of cure.

If these hasty sketches, Mr. Editor, should be considered worthy of publication in your valuable Journal, and should my health permit, it will give me pleasure, from time to time, to report such cases of interest as may come under my observation, while acting as assistant in this Institution.

BUCKMINSTER BROWN.

SULPHURETTED HYDROGEN IN THE WATERS OF AFRICAN RIVERS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have received a letter from Dr. Jona. Pereira, F.R.S., &c., of London, author of the largest and most approved work upon materia medica of modern times, in which, among a great variety of other interesting matters, he has given an account by Professor Daniell, Foreign Secretary of the Royal Society, &c., of the generation of sulphuretted hydrogen at the mouths of rivers on the western coast of Africa, and other places, in sufficient quantity to destroy the copper sheathing upon vessels anchoring on that coast, and also engendering severe and mortal sicknesses. The Lords of the Admiralty of Great Britain considered the subject of so great importance, that in 1840 they directed the officers of the Royal Navy stationed on that coast to procure bottles of water from the mouths of the principal rivers there, and forward them for analysis. Accordingly, eight or ten bottles of the water from the river of Sierra Leone, the Volta, the Bony, the Mooney, the Gaboon, the Congo, from Cape Lopez Bay, and some other stations, were sent by them to Prof. Daniell, who found in all of them a large quantity of sulphuretted hydrogen gas, and he thinks in sufficient quantity to account for the vast amount of destruction of copper sheathing upon vessels in those waters, and also to account for the deadly sickness which prevails on those shores. A communication was made by Prof. Daniell, in a lecture delivered to the members of the Royal Institution, on the 1st of May, 1841, and published in the London, Edinburgh, and Dublin Philosophical Magazine and Journal of Science for July, 1841. Dr. Pereira, among several other highly interesting pamphlets, has forwarded me this, with the following remark. “My friend, Professor Daniell, has recently shown that the waters on the

coast of Africa are largely impregnated with sulphuretted hydrogen, and to this noxious gas we may, perhaps, ascribe the sickness common on the coast. His paper on the subject is full of interest. He was kind enough to give me several copies for my foreign friends, and I forward you one, thinking you will feel interested in the subject."

I will just give you his analysis of the water from Cape Lopez Bay. The analyses of the other waters are somewhat similar, and this may suffice for an examination of the whole.

"Water from Cape Lopez Bay, taken by her Majesty's brig *Nautilus*, Sept. 28, 1839. The rainy season had commenced. This water smelt very strongly of sulphuretted hydrogen. The sediment in the bottles weighed only 0.1 grain, and consisted of vegetable matter. It contained, per gallon, sulphuretted hydrogen, 11.69 cubic inches; chlorine, 1467.37 grains; sulphuric acid, 115.20; lime, 23.21; magnesia, 41.02; magnesium, 28.44; sodium, 921.60; potassium, a trace; iodine, a trace. Amount of salts from evaporation, 2576.00. Specific gravity, 1026."

The subject in relation to the destruction of the copper upon our vessels which navigate these waters, is of the utmost importance to our merchants as well as to the government. Prof. Daniell observes:

"Of the comparative duration of the vessels in the Royal Navy, I have not been informed; but the evil complained of in the merchant service is well known; and upon inquiry of one of the largest copper smelters in South Wales, he assures me 'that the experience of between thirty and forty years has led his mind to the conclusion that sheathing copper will be as much or more injured on a nine-months voyage to and along the coast of Africa, as by the wear of from three to four years on any other trade.'" From a long series of analyses and observation Prof. Daniell observes, "there can be no doubt of the important fact of the impregnation of the waters upon the western coast of Africa with sulphuretted hydrogen, to an amount, in some places, exceeding that of some of the most celebrated sulphur springs in the world; and of the injurious effect of such impregnation upon the copper sheathing of ships, you will be convinced by the experiments upon the table. Were any further evidence wanting, it would be found in the state of the copper of the *Bonetta*, which lately returned from the coast of Africa, and three sheets were sent to me by the Admiralty for examination.

"Nos. 1 and 2 were pretty uniformly covered on the outside with a green crust; and on the inside, as evenly, with a black crust of equal thickness. They were very thin in parts, and here and there eaten into holes. No. 3 was in a much worse state, very thin and eaten into large holes. In most parts it was easily broken by the fingers; one of the holes, of an irregular shape, measured eighteen inches in length by four and a half in width. This sheet was covered with green crust chiefly, on both sides; but there were evident traces of the black crust on the inner side. Upon analysis the black crust was found to consist of sulphuret of copper, and the green oxychloride of copper. There can be no doubt that the injury to the copper arose, primarily, from the sulphuretted hydrogen.

"That the establishment of this fact is of some importance in a mer-

cantile point of view, I think I shall be able to convince you by two anecdotes which I shall now narrate. Not many years ago a new copper company set up a smelting establishment, and brought their copper to market; some merchants purchased sheathing of them, coppered their ship, and sent her to the coast of Africa. Not many months after she returned to this country in the same state as that of the Bonetta. The merchants said the copper smelters were inexperienced hands and did not know their business; and they brought an action against the company, who defended it. Upon the trial some of the most eminent scientific men of the day gave evidence that there was nothing in sea-water which could produce such rapid decay of the copper, and the jury in consequence brought in a verdict for the plaintiffs. Now contrast this with what has happened to me in the last two months. An eminent copper manufacturer of South Wales, who had heard nothing of the investigations in which I had been engaged, came to me with two samples of copper which he wished me to analyze. The one was of new metal, and the other part of the sheathing of a ship which had just returned from Africa after a voyage of a few months, the copper being in a state of utter decay. He stated that the merchants to whom the vessel belonged had brought an action against him on the plea that the copper was imperfect, and he wished for my evidence upon the subject, as he well knew that the copper was perfectly good. Instead of entering upon the analysis, I gave him a copy of my report upon the waters of the western coast of Africa, which he sent to the merchants, and nothing further has been heard of the action.

“But it may perhaps be said that little good will result from pointing out the evil, unless we are prepared to propose some remedy for it. I think the remedy is certainly within our command. The principle of protection proposed by Sir H. Davy is quite applicable to it, with some additional precautions suggested by his newly discovered destructive agent, which had escaped his notice. His experiments were conducted principally with zinc and iron as the active elements of protection, and he was led ultimately to the adoption of cast iron, ‘as the substance which is cheapest, most easily procured, and likewise most fitted for the protection of the copper.’ But this is not the case with regard to sulphuretted hydrogen; for you will see by reference to the experiments upon the table, copper is more acted upon by this substance than iron, the latter being protected by the former, and the fact is that a piece of iron attached to copper increases the corrosion of the latter. Zinc, on the contrary, protects the copper not only from the action of the chlorides in sea-water, but from the sulphuretted hydrogen. I have long been of the opinion that voltaic protection in the navy was much too lightly abandoned. This abandonment arose from what might be called over-protection, by which the attachment of weeds and zoophytes to the ships’ bottoms was found to be encouraged. Earthy deposits were formed, and to these weeds and shell-fish attached themselves.

“The remedy for this appears to me to be obvious; instead of keeping the protectors always in contact with the copper, let them be insulated, and let them be brought into metallic contact when occasion may

require. This might readily be done by means of a bolt or bar forming in one position a continuous conductor between the two metals, and in another breaking the connection; this might always be at the command of the proper officer of the ship. Nothing could then be easier than to throw off the protection when the ship is in harbor or in situations peculiarly liable to deposits; or to restore it upon going to sea, or arriving in latitudes where sulphuretted hydrogen might be found to exist. But the protection should always be of zinc, which would preserve the copper not only from the effects of sea-water generally, but from the more destructive agency of sulphuretted hydrogen, which I shall soon give you my reasons for concluding not only prevails upon the western coast of Africa, but in other situations where it has never yet been suspected. Indeed I incline to believe that it would only be found necessary to use protection in sulphuretted waters, and that the action of the chlorides alone might not be more than sufficient to preserve the copper from deposits."

DISEASES ON THE COAST OF AFRICA.—Although the above subject, Mr. Editor, is extremely interesting, if not invaluable to the commercial world, it may not be of so much importance to physicians as the diseases generated by this pestilential gas. Prof. Daniell observes, "When this matter was first brought under my consideration, I was surprised that the nauseous smell which must necessarily be evolved from water impregnated with this gas at so high a temperature as that of the equinoctial regions, had not been noticed. I have in consequence turned to some of the accounts of the late travels in Africa to seek for evidence upon the subject; and in the narrative of an expedition into the interior of Africa, by the river Niger, by Magregor Laird and R. A. B. Oldfield, I found the following important observations:—

"The principal predisposing causes of the awful mortality, were in my opinion the sudden change from the open sea to a narrow and winding river, the want of the sea-breeze, and the prevalence of the deadly miasma, to which we were nightly exposed from the surrounding swamps. The *horrid sickening stench* of this miasma must be experienced to be conceived; no description of it can convey to the mind the wretched sensation that is felt for some time before and after day-break. In those accursed swamps, one is oppressed not only bodily, but mentally, with an indescribable feeling of heaviness, languor, nausea and disgust, which requires a considerable effort to shake off.' Now these observations were made in the very locality from which some of the first waters I examined were taken, and nothing more is wanting to identify the cause of the rapid decay of the ships' copper with that of the mortality of the climate. It has been experimentally found that so small a mixture as a fifteen-hundredth part of sulphuretted hydrogen in the atmosphere acts as a direct poison upon small animals, and the sensations of languor and nausea, described by Mr. Laird, are exactly those which have been experienced by persons who have been exposed to the deleterious mixture in small quantities. The symptoms occasioned by breathing the gas in a high state of concentration are well known to medical men. Now, can it be deemed at all improbable, that an agent which is capable of acting

with this severity as a direct poison, when mixed in no very high proportion with the atmosphere, should in still less quantities greatly aggravate symptoms of morbid action, which may possibly have their origin in other causes. The close investigation which I have given to the subject more and more convinces me that the worst cases of *malaria* are generally connected with the presence of sulphuretted hydrogen."

Hear what he suggests on this subject in relation to New York, Charleston, &c. "Is it not worthy of the most exact inquiry whether the fevers which periodically afflict the cities of New York and Charleston, in America, may not be connected with the mixture of animal and vegetable substances with the sea-water in their lower districts, where they usually originate; and whether an attentive examination will not prove that the same impregnation of sulphuretted hydrogen, which we have established upon the African coast, exists at the mouths of the vast rivers of the American Continent. Indeed I have been informed by an officer, high in the naval service, that during the war instances of the rapid decay of ships' copper, similar to that upon the African, were noticed upon the West-Indian station. And here again it may be asked, as in the case of the copper upon ships, can science indicate a remedy, as well as point to the disease? And again I would reply that by furnishing an easy method of detecting the evil, she furnishes you with timely warning to fly from the infected region. No vessel should be allowed to cast anchor or linger in sulphuretted waters. But if paramount duty should oppose itself to such a course, we have a certain remedy to propose. Plentiful fumigations of chlorine would infallibly prevent the deleterious effects; and the antidote is at once cheap, and incapable, under proper management, of producing any injurious effects to counterbalance its advantages. The Lords of the Admiralty have received these suggestions with indulgence, and have given instructions to their cruisers upon the African coast to test the waters at regular intervals. They have also abundantly supplied the African expedition with the means of chlorine fumigation; and I have the gratification of knowing that the views I have now had the honor of submitting to you have tended to give confidence not only to the gallant band who have devoted themselves to one of the most disinterested enterprises which ever emanated from pure Christian charity, but to the numerous friends who wait the result with anxiety."

I have now, my dear Sir, given you the outlines of Prof. Daniell's most valuable paper, and I firmly believe it must be highly gratifying to your readers. Dr. Pereira also mentioned to me in his letter that he feared that the Edinburgh philosophers had gone mad on the idea that a young chemist there had succeeded in converting *carbon* into *silicon*. (See some account of it in the London Medical Gazette for June, 1841.) The doctor believes that some error has been committed. Since he wrote me I have ascertained that the last London and Edinburgh Philosophical Journals show that the Edinburgh chemist was mistaken.

Deerfield, Nov., 1841.

I am, dear Sir, yours respectfully,

STEPHEN W. WILLIAMS.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 24, 1841.

MEDICAL FORMULARY.*

BENJAMIN ELLIS, M.D., formerly Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy, was the author of this work, in its original form. This is the sixth edition. Since the death of Dr. Ellis, Dr. Morton, the present editor, who assisted in preparing two editions in the lifetime of the author, has given it all the completeness that his position, rare opportunities, and learning, so well enable him to give to a work of this kind. The preface expresses the object and utility of having prescriptions ready made, better than we can do it. "The elegant and judicious formation of prescriptions, is one of the difficulties which the young practitioner in medicine is obliged to encounter. While a student, he is compelled, from circumstances under which he is placed, to confine his attention to the leading principles of the science. Consequently, the minor points (and the art of dispensing medicine is one of them) are postponed to that period when he shall have undertaken the practical duties of his profession. To obviate, in some measure, the inconvenience which the graduate at first experiences, the volume now offered to the public was undertaken and executed." The prescriptions, which are very numerous, and suited to almost all conditions and manifestations of disease, are methodically arranged under emetics, cathartics, diuretics, &c. &c., in a perfectly convenient form—and are likely to be quite as beneficial to veteran practitioners, as to new beginners. The volume embraces a large amount of matter, which we have examined and re-examined, with much satisfaction. We know more of Dr. Morton than of Dr. Ellis; and because the former holds the labors of his late lamented friend in such high estimation, we know for a certainty, aside from other unquestionable evidence to the same effect, that his medical formulary must be good. Copies may be found at Mr. Ticknor's, Washington st.

Vermont Asylum for the Insane.—Dr. Wm. H. Rockwell, the excellent superintendent and medical officer of this Institution, made his annual report to the Legislature in October. The expenses of the Asylum for stores, provisions, salaries, furniture, &c. &c., for the year ending Sept. 30, were only \$11,549 13. The income in the same period, for the board of patients, was \$11,839 26—which shows how admirably the doctor manages the financial affairs of the hospital. Patients have been there from Vermont, 83; Maine, 1; New Hampshire, 23; Massachusetts, 10; New York, 39; Georgia, 1; Louisiana, 1; Iowa, 1; Bermuda, 1—total, 165. During the year just closed, 84 new patients were admitted. Recovered, of all the cases discharged the first year, 58—47 per cent.

* The Medical Formulary : being a collection of prescriptions derived from the writings and practice of many of the most eminent physicians in America and Europe. To which is added an appendix, containing the usual dietetic preparations, and antidotes for poisons. The whole accompanied with a few brief pharmaceutic and medical observations. By Benjamin Ellis, M.D., &c. &c. Sixth edition, revised and extended by Samuel George Morton, M.D. Philadelphia : Lea & Blanchard, 1842. 8vo. pages 262.

"We have," says the report, "had no prevalent sickness, but we have not been exempt from that degree of mortality which necessarily attends all similar institutions. We have had but four deaths, three of whom were of our incurable class, and one was 71 years of age." From the very establishment of this Asylum, we have been gratified with the prudent, vigilant and scientific accuracy with which it has been conducted. It was honorable to the State to create it—and it was a happy circumstance that so suitable a person was selected to control its destiny.

Respirators.—These very useful instruments, which have met the entire approbation of the most distinguished medical men of Europe and America, may be had in this city of our friend Dr. Bowditch, in Otis place. He has them of all prices, as may have been seen stated in an advertisement last week, which is of consequence to the purchaser, since an impression is abroad that the respirator is very costly. Those who have irritable lungs, or who have a cough, liable to be aggravated by exposure to the keen air of our northern winters, would often find advantage in availing themselves of this valuable mechanical contrivance. Consumptive persons, especially, would derive peculiar benefit from them. In fact, a person with the best of lungs finds the respirator an admirable affair in going from the house to the open air, at this particular season of chilling winds and frosts.

Medical Graduates.—A catalogue of the Berkshire Medical School, the lecture term of which closed a short time since, is published. The whole number of students was one hundred and three. Forty-five were on their second course, and fifty-eight on the first. Twenty-two were graduated with the degree of M.D. Their names are as follows: Daniel H. Batchelder, William W. Billings, Philip Brown, Jr., Henry C. Chapin, Francis H. Chase, William Smith Childs, William Ellis Coney, Henry Carpenter, Jr., James Green, Jonas Cowdrey Harris, Duane A. Holden, Ephraim Augustus Hyde, Jonathan Mann, Thomas E. Montgomery, Luther Rice Palmer, Gilbert T. Pearsall, Joel Peets, Franklin D. Pierson, Selden Crawford Preston, Alfred Sears, Frederick Reed Stickney, Josiah Trow.

Suppression of Quackery in Canada.—That contemptible travelling quack, Williams, known as the great foreign *eye doctor*, and one of the grossest impostors, was bound over at Kingston, Upper Canada, a short time since, in the sum of £50, in two securities of £25 each, to appear at the next Court of General Quarter Sessions of the Peace, to answer to a charge of practising physic and surgery without license. The eye-afflicted citizens of Boston will remember this man as long as they retain a recollection of anything—for they were wofully duped. Quite an army might be collected in the different cities, on whose pockets the ex-oculist of the King of the French and the King of Belgium, wrought more tangible effects than on their diseased optics.

Homœopathic Books.—We have been reminded that Jahr's Manual, spoken of last week, is on sale at Mr. Otis Clapp's, in School street, where

as will be seen by an advertisement in this week's Journal, nearly if not quite all the publications of the new school of practitioners are to be found. If the dealers in these works would furnish us with copies of such treatises as emanate from the homœopathic corps, they would be invariably noticed in the Journal.

Ophthalmic Surgery.—Readers are referred to some curious and important cases, communicated by Dr. Jeffries, to be found in this week's Journal.

Medical Miscellany.—At the last advices, Vicksburg was still scourged by the yellow fever. It will be recollected that the disease was introduced there by a sick stranger.—Dr. C. C. Chaffee will commence a course of lectures on anatomy and surgery, at Nunda, N. Y., on the 7th of December.—Dr. Hunter, who was dismissed from the Navy, has been again restored—the court martial which dismissed him having been sharply rebuked for an unrighteous condemnation of a good officer.—A very fatal congestive fever, marked by peculiar fatality, has been prevalent in Mexico the past summer, and has swept off a vast many persons of all ages, sexes, and conditions in life.—Mrs. Mary Haskins lately died at Greenwich, Mass., at the age of 100 years and 6 months.—Electro-magnetism has been successfully resorted to in one case, in England, to set the respiratory muscles in action, after the individual had been poisoned by opium. Although the stomach had been carefully cleansed by the pump, the patient could not have been re-animated, had it not been for the happy application of this new agent, administered by a very small machine.—The cholera is said to have appeared in Bristol, Eng.—In St. Augustine, Florida, the physicians have issued a card, saying that the town is healthful, and, moreover, that only eight cases of fever terminated fatally in that place, last season.—Dr. Chauncy, of Philadelphia, who was sent to the State Prison, a while since, for procuring an abortion, has been pardoned by Gov. Porter.—In 1840, the deaths in Austria were 659,840, being 9501 more than the preceding year. The births exceeded the deaths by 177,200. Causes of death, among others, were—861 suicides; 53 by hydrophobia; 473 by murder; 5369 by accident; and 28 by public execution.

TO CORRESPONDENTS.—The communications of Drs. Fisher, Hinckley and Welch, were received too late for this No. of the Journal. Other favors are also on hand.

DIED,—In Hyde Co., N. C., Jonathan Robeson, M.D., 25.—At Mineral Springs, Florida, Dr. Ruglin, shot by an Indian at a house where he had called.—At Rockport, Mass., Dr. Manning, 80.

Number of deaths in Boston for the week ending Nov. 20, 34.—Males, 16; Females, 18. Stillborn, 2.

Of consumption, 5—diarrhœa, 1—burn, 1—infantile, 1—croup, 3—dropsy in the head, 1—dropsy, 1—scarlet fever, 2—inflammation on the brain, 2—fits, 1—intemperance, 1—inflammation of the bowels, 1—bowel complaint, 1—puerperal peritonitis, 1—canker, 1—dropsy on the brain, 1—old age, 1—apoplexy, 1—dyspepsia, 1—dysentery, 1—disease of the heart, 1—lung fever, 1—inflammation of the lungs, 1—scrofula, 2—hemorrhage, 1.

TO PHYSICIANS.

A PHYSICIAN in one of the most pleasant villages in the State, about 30 miles from Boston, wishes to dispose of and leave his situation. Practice from \$1500 to \$2000 yearly. For particulars, address the editor.

Nov. 24—3t

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

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O. 13—eoptf

H. I. BOWDITCH,
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THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep.8—eoptf.

GEORGE W. OTIS, JR.

HOMŒOPATHIC BOOKS AND MEDICINE CHESTS.

OTIS CLAPP, No. 10 School street, Boston, has for sale, Currie's Practice of Homœopathy; Everest on do.; Broacke on do.; Dunsford's Practical Advantages of do; Dunsford's do. Remedies; Quin's Pharmacopœia; Simpson's do.; Hahnemann's Organon; Jeane's do. Practice; Jahr's Manual; Herring's do., or Domestic Physician; Rouff's Repertory; Currie's Domestic do.; Broacke's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Croserio, Enstaphieve, Everest, Green, Herring, Des Guidi, &c. Medicine Chests for sale as above. O. C. is agent for the Homœopathic Examiner, by A. Gerard Hall, published monthly in New York. My 12—

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

A GOOD CHANCE FOR A PHYSICIAN.

A PHYSICIAN, residing in a pleasant village, near the centre of the State of New York, not 20 miles from the city of Utica, and having a liberal share of patronage, will dispose of his situation on liberal terms, consisting of a village lot, an elegant dwelling house and office, barn, carriage, and other out-houses, &c. &c. All of which will be disposed of on easy terms to the purchaser. Address the editor of this Journal, *post-paid*. Jy 14—4m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
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WEDNESDAY, DECEMBER 1, 1841.

No. 17.

EXPERIMENTS ON THE DEVELOPMENT OF VACCINE VIRUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following communication was addressed to me in a letter by John C. Martin, M.D., in 1835. Dr. Martin resided at that time in the town of Attleborough, in this State. The experiments which he made, as described in his communication, appeared to me to be so interesting and important, that I urged the publication of them at the time. But he declined then to publish them, on account of the excited state of feeling which his devotion to science gave rise to, in the village in which he resided. So great was the excitement of public feeling, which, I am sorry to state, was promoted in no small degree by his medical brethren of the place, that Dr. Martin lost his practice, and was compelled to seek a new location where he might practise his profession, and exert his talents for the benefit of medical science and the alleviation of human suffering. He removed to Greenville, Illinois, and has already obtained an extensive business, and established a reputation, which his talents and devotion to medical science justly entitle him to. Having read of the success of the experiments instituted by Dr. Creely, of England, in re-producing the vaccine virus by inoculating cows with variolous matter, he wrote me a note in January, 1840, and requested me to hand you his statement of his experiments for publication in your Journal. I regret that his letter containing it had been mislaid, and that I have not been able, in consequence, to comply with his wish until the present time.

Dr. Martin, as well as others of the faculty, had been convinced that much of the vaccine virus in use was spurious—that having passed through so many individuals of different constitutions and habits of body, it must have lost some of its essential qualities, and that the numerous instances of the occurrence of smallpox in persons who had been vaccinated, were to be attributed to this deterioration of virus. It was this conviction that induced Dr. Martin to undertake and prosecute the experiments which he has detailed in his paper.

He adopted the theory of Jenner, of Barron, of Sunderland, and others, “that the vaccine disease was merely the effect of the variolous poison upon the system of the cow.” And had he been supported and encouraged by his professional brethren to prosecute his experiments, instead of being opposed and embarrassed, he would have gained much of the credit which has since been obtained by his distinguished professional brother in England, and would have had the honor of settling the ques-

tion of the true source of the vaccine disease. The following is the communication of Dr. Martin referred to above, and should the Journal containing it be read by him, I hope he will excuse the long-delayed publication of his paper, for the reasons stated by his friend and correspondent,
Boston, Nov. 17, 1841. J. D. F.

Sir,—The following experiments may not be uninteresting to you. They were undertaken for the public good and for the benefit of science. And although I have suffered severely in mind and in purse, for making them, yet I am not sorry that the act has been committed; and all that I regret is, that I am not located in a community, and surrounded by medical men, who can duly appreciate my motives, and encourage me in prosecuting a series of experiments which I feel convinced might lead to successful and happy results.

A case of smallpox, in its worst form, having appeared in Attleborough, where I reside, and having myself, like many other physicians, failed in obtaining fresh and pure vaccine virus, and having, moreover, witnessed and read of the frequent failures of the vaccine disease, as an antidote to the attacks of smallpox, I became exceedingly desirous of obtaining the virus directly from the cow. It is true that the source of the cowpox virus is, and always has been, a matter of theory. Jenner, in his time, and many physicians of later times, imagined, and supposed themselves to have proved, that pure vaccine matter was the result of the action of smallpox in the cow. I have been anxious to determine this point—so that should the theory prove to be true, physicians of this country might have it in their power at all times to obtain matter which would prove to be a more perfect prophylactic against variolous poison, than that which they are now obliged to use.

In order to test the theory fairly, I purchased a fat, healthy cow, eight years old, shut her in a stable, and fed her scantily for a few days. I then obtained some variolous matter from the individual who was sick with the smallpox, and who had been laboring under the disease eleven days. With this matter I inoculated the cow on the 2d day of October, 1835, in the following manner. I made, with a common lancet, fourteen or fifteen punctures in one of her teats between the cuticle and true skin, taking care not to draw blood. I then inserted into these various punctures quills charged with the variolous virus. The wounds soon disappeared, and presented no appearance of being variolated until five days. On the *fifth* day the animal seemed to show some indisposition, and on examining her teat I discovered one small elevated spot at the point of insertion of one of the quills, and an evident febrile heat in the teat, when compared with those not inoculated. This increased febrile heat continued for about forty-eight hours, and then subsided. During this time the animal lost her appetite, became thirsty, her milk ceased to be secreted, and her teat began to swell.

On the *eighth* and *ninth* days a regular pustule was formed at the point inoculated, the margin of which contained some thin, light straw-colored fluid. On the *tenth* day the pustule had increased in size and become more prominent, and was distended with matter. At this period it was not regularly round, but presented an uneven surface. On the

eleventh day, an evident change had taken place in the appearance of the pustule, it having begun suddenly to dry up. On the *thirteenth day* the virus had become solid, so that the pustule was converted into a crust, or scab, of a dark-brown color.

Besides introducing the smallpox virus into the udder, I inserted some also into a puncture which I made on the hip of the animal. This resulted in a sore and in the falling off of the hair. This inoculation produced no pustule or eruption, save at the point of insertion, so far as I could discover.

I now determined to insert some of this new generated matter into the human system, and observe its effects. Accordingly, I selected a healthy boy, aged 10 years, for the subject of my first experiment; and on the evening of the 12th day of October (the day I took some virus from the cow, being the 10th day of the existence of the pustule), I inserted some of this virus into the boy's arm in the same manner as in practising common vaccination. The symptoms resulting from the operation were the following. The virus lay dormant four days. On the *fifth day* a slight inflammation or red spot arose around the point of insertion. From this period the vesicle ran its course, like the common vaccine vesicle, was characterized by a well-formed and regular areola, and in due time was transformed into a perfectly round, mahogany-colored scab. The boy exhibited but little indisposition during the course of the disease, except headache, and he continued to play with his fellows about the street, and I saw no symptoms in his case which do not attend the vaccine disease in its various stages. It should be mentioned, however, that two or three small pimples appeared on the boy's face and arm. These did not fill, but soon dried and disappeared.

While observing the rise and progress of this disease, I had no doubt that the eruption was like, and that it was, the true and perfect vaccine vesicle. In order that I might not be deceived, however, I took the boy to Providence, and exhibited his arm to two physicians of that place, Drs. Brownell and Toby, both of whom pronounced the eruption to be the perfect vaccine, and gave me their opinion in writing to this effect. Having satisfied myself of the nature of the eruption produced in the boy's arm, I took matter from it on the *seventh day*, and inserted some of it into the arm of my own child, which was five months old. On the *fourth day* a red spot appeared around the point of insertion, a vesicle was formed and observed the same course, and presented the same appearances, as did that on the boy's arm, from which the virus was taken. The areola, perhaps, was not quite so regular as in the case of the boy—and the febrile excitement was greater in the child, which I attributed to its natural irritability of temperament. There were in this case a number of secondary eruptions on the surface, resulting from the vaccination.

The *third subject* vaccinated was also an infant. This child I vaccinated with matter from my child's arm on the seventh day of the disease. This child's symptoms were similar to those presented by my own child; they were, perhaps, rather more severe. The areola was not so perfect, and there appeared on it a greater number of secondary vesicles which became filled with fluid. The *fourth* individual vaccinated, was a boy

four years old. The virus with which I vaccinated him was taken from the arm of the child whose case I last described. The symptoms attending this case were similar to those presented in the preceding one—except that they were more severe. The areola, however, was not so regular, and the vesicle was rather more imperfect, and a greater number of secondary eruptions presented themselves on the body—some of which filled and formed crusts.

I will not trouble you further in describing cases. The whole number of persons I vaccinated was twenty-three, and the cases above described will give you a notion of the character and progress of the others. I will remark, however, that I think the last individual vaccinated had the disease more severely, as the matter used in producing it was more remotely related to the cow.

Such have been the results of my experiments, and I should feel highly gratified and honored with your opinion respecting them.

Very truly your friend,

J. C. MARTIN.

PES EQUINUS VARUS CONGENITUS OF THE RIGHT FOOT.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 22d, 1841, Mr. ———, aged 55, of Boston, placed himself under my care with a deformed foot, which has afflicted him from birth. When he stands the heel is elevated six inches from the floor. The great toe is turned up, so as to render it impossible for him to wear any kind of shoe. (See fig. 2.) The ham-strings are shortened, so as to keep the knee permanently bent. By inquiring into the history of this case, I find that some of his relations are affected in a manner not very dissimilar. There seems to be a hereditary predisposition, in this family, to a contraction of the muscles, particularly of the hands, feet and back. I have now a niece of this gentleman under my care, who has been troubled with contraction of the small toes, so as to produce much inconvenience and pain in walking. I have divided the flexor tendons of some of them, which enables her to walk with ease. She also has a lateral curvature of the spine, arising from the unnatural contraction of some of the associated muscles of the back. She has been at the Infirmary, pursuing orthopedic exercises, about six months, and is very much improved; the deviation is now very slight. Six months more will entirely correct the deformity, and restore her to perfect symmetry. This case is mentioned, as one of many others, where particular deformities run in particular families. I have now under treatment a boy, who has two club-feet of the worst kind. His father has two of the same kind. His uncle, who is now dead, had two, his grandfather one—seven in one family. I have also a lad under treatment, in whom the ham-strings of the left leg are shortened, the knee permanently bent to a certain extent, and the left foot so much distorted as hardly to be recognized as a human foot. It may be technically called *pesequinus varus*. M. J. Guérin, of Paris, would denominate it *l'équin varus*—a combination of two distinct species of club-foot, united under one generic term. But even this complex technicality does not give

an idea of the extent of the deformity in this case. The foot may be considered as an exaggerated and varied condition of two species of club-foot, viz., *pes equinus* and *pes varus*, combined. This lad has a sister with one foot somewhat similarly affected, and a cousin with both feet. But enough of family idiosyncrasies. I will proceed with the report of my case.

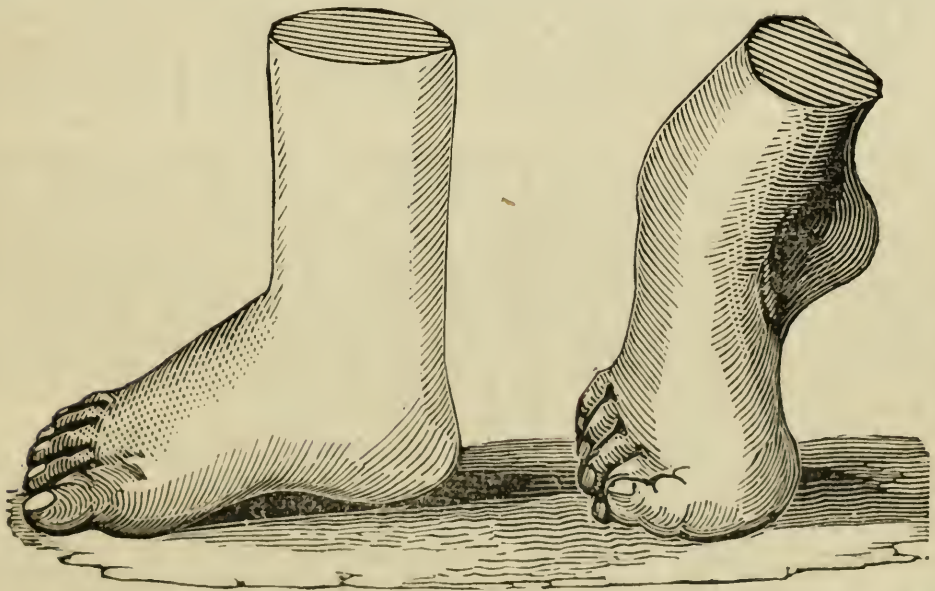
The gentleman of whom I was speaking cannot be said to have walked for the last ten years. He has only been able to hobble across the room, and into the adjoining house, by the aid of a crutch and cane, resting his weight partially on the outside of the metatarsal bone and joint of the little toe. The foot is shorter than its fellow, and the entire limb is shorter and very considerably smaller than the healthy one.

This day, July 22d, I divided the tendo-Achillis, and the extensor tendon of the great toe, in the presence of Dr. J. W. Gorham. The divided ends of the tendo-Achillis separated two and a half inches at once. My usual apparatus was immediately applied—the foot-board having been first perforated, so as to admit a strap for the purpose of reducing, and confining the great toe in a natural position.

Sept. 1st.—The heel is perfectly down, and he treads fairly on the sole of his foot. The toe was immediately brought straight, and has continued so. It was necessary to confine it but a few days. (See fig. 1.)

FIG. 1.

FIG. 2.



Oct. 4th.—Put on a boot with a steel support on one side, and directed him to walk as much as he could.

The knee still inclines to bend forward, but he can bring it straight by volition. He walks rather imperfectly at present, but this is not to be wondered at, as his leg has been out of *employ* for many years. It will acquire strength by use, and there is no doubt but he will walk well in the course of a few months. He has no reluctance in representing his own case as it *was*, and as it *now is*; and his name may be known by inquiring of me, 65 Belknap street.

J. B. BROWN.

IRREGULAR PRACTITIONERS, &c.—MASS. MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If I understand correctly the regulations of the Massachusetts Medical Society, they require all practitioners of medicine and surgery who have received their license or diploma in any place out of the State, and who come into Massachusetts to practise medicine, to make application for license to the Censors of the Society, or connect themselves with it.

If they do not conform to these requirements they are irregular practitioners, and in point of fact stand in the same relation to the community as empirics. Consequently it is not lawful for us who are Fellows of the Society, to consult with them, nor can they collect their charges for attendance any more than quacks.

Now, Sir, it is a notorious fact that there are some gentlemen engaged in the practice of medicine in this State, who come within the list proscribed in the by-laws of the Society. Having received their license or diploma in other States, they are not legal practitioners in this. It is not unfrequently the case that the Fellows of the M. M. Society are called upon to consult with these men; and what shall be the course of procedure? Shall we refuse, or give consent? The first is, most certainly, the most proper way, but in some instances this will be unpleasant. Some of these gentlemen, for aught we know, are respectable in character and attainments; perhaps among them may now and then be found a particular friend. Under circumstances of this nature, our feelings must be severely tried.

But suppose we consent to a consultation. This would not only violate the laws of the Society, but give these persons an advantage over us: for as they are not responsible to any man or body of men, they may recommend and use quack medicines, consult with, aid and abet quacks (instances of which I have known), in short, make use of the most ungentlemanly and dishonorable means to secure business, and do anything which does not come within the scope of the fangs of the law, passing along unscathed as the veriest quack in the universe.

It appears, therefore, there are but two courses for us to pursue in respect to these persons—first, to invite them, as we frequently have done, to connect themselves with the M. M. Society, as Fellows or Licentiates, and become amenable to its laws. If they decline, then let the community know we cannot consult with them, giving the why and wherefore in plain English, and add also the very important fact that they (the community) are under no legal obligation to pay them for their services. Let this be done, and we shall have no more trouble with *irregular practitioners*.

November, 1841.

JUSTITIA.

IMPROVED TRUSS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—You will excuse the liberty I have taken in addressing to you this communication. The desire I have that those who may be suf-

fering, as I *formerly* have suffered, from hernia, may be benefited by my experience, will in some measure palliate the fault.

In the year 1831, while abroad, in thoughtlessly climbing a steep acclivity, I had the misfortune, in straining to gain its eminence, to produce a rupture. Although I was sensible I had received an injury, from a quick pain and sudden prostration of strength at the time, I could not comprehend the extent. When I returned to New York, about four months after, I was sensibly affected, for some time, in the lower abdominal regions on the right side, just above the *scrotum*, but thought, as I formerly had a swelling there arising from another cause, this might be a recurrence of the same. Finding, however, that the protuberance was not painful to the touch, and that it could be pressed back into its proper position, and when held there I was much eased, I concluded it must be a case of *hernia*, and applied to a celebrated truss-maker to affix an apparatus proper for the case. The one I procured had a moveable pad to cover the rupture, and an immoveable one to rest on the upper portion of the sacrum. (See fig. 1.) I wore this with great difficulty for some time, as the inconvenience was such I could not endure it, and procured another upon the same principle, wearing it with the same success. I then applied to another truss-maker, who gave me one with a moveable pad, and the elastic band passing round to meet *almost* the cushion when adjusted. (See fig. 2.) This was much better, yet still I felt much galled by the machine, and in endeavoring to bend the apparatus to suit my views of its adjustment, I broke a considerable portion of the end of the spring off. (See fig. 3.) I tried it on in the mutilated state, as I thought it was, and found it *fitted well*, but could not retain itself in its position; and the idea suggested itself to me at once how I could overcome all difficulties, and make the machine perform the *cure*, and at the same time be no inconvenience to me, but rather produce an easy sensation from its adaptation to the motion of the parts it covered, and a complete strengthener of the lower abdominal muscles. The truss I had procured was merely covered with soft kid leather, affixed to it by some glutinous substance. This I found became hardened from moisture in perspiration of the parts; and to remedy this defect, I neatly covered the whole machine, pad and all, with Canton flannel (cotton), with the woolly side out to meet the skin, padding that part of the spring which came in contact with the flesh with soft cotton wool, partially, but fully towards its terminus opposite the hernia pad (for about nine inches). To the ends of the machine (see fig. 4) I affixed two *silver* rings, about the size of finger rings, made of round silver wire soldered together. These I sewed on tightly, and so as to lay flat upon the skin, when adjusted, and rove through them a piece of linen tape one inch wide, and about one yard long, first properly fixing the machine upon my body, the cushion or pad covering the rupture, and the other end resting opposite to it upon the upper edges of the gluteus muscles of the right thigh, so as not to be affected by their motions, and immediately under the centre of the crest of the iliac bone. I then tied the tape in a single knot (the ends in a bow knot afterwards, to prevent their length incommoding me in wearing it) in the *middle* of the space between the two rings, letting the tape or ligature in the centre, where the

knot is, *rest* in a measure upon the anterior portion of the crest of the iliac bone to sustain it in its position, tying it loose or close to suit my own convenience.

I have thus worn this machine for say ten years, and I must say I never have felt any inconvenience arising from it, but rather a pleasure, and that all the purposes for which a truss is required have been fully performed by it, as I have been well of the complaint for some six years or more, although the habit of wearing the instrument has become so much a second nature with me that I realize a pleasure in retaining it, and a great strengthener in walking and riding. I am in no wise affected by severe coughing, or by blowing the flute for hours together. If you think it can be of any use in your practice or in that of any of your professional brethren, it will be a pleasure for me to think that any alleviation has been made in the adaptation of an instrument so much needed and in such general use as the *hernial truss*.

Since writing the above, I have seen the pattern of a machine somewhat similar to the one I use myself; but I must confess I do not think it possesses its advantages. (See fig. 5.) I refer you to the diagrams, with notes, accompanying this, for explanation.

FIG. 1.

FIG. 2.

FIG. 3.

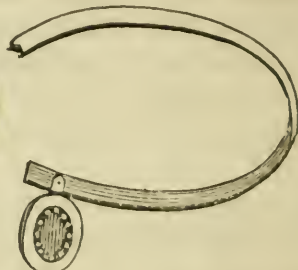
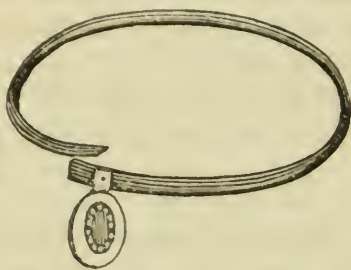
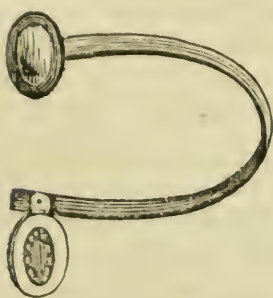


FIG. 4.

FIG. 5.

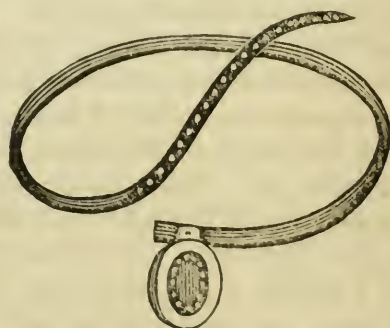
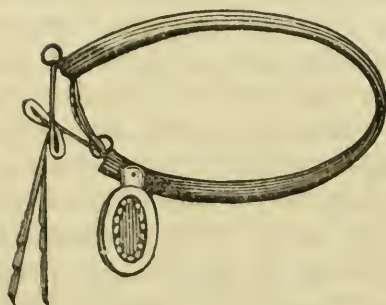


Fig. 1. Is too painful, on account of the pressure upon the *sacrum* at a given point by the immovable pad.

Fig. 2. Is an improvement, but has the stiffness of No. 5, without the power of fully retaining its position with ease to the patient, and being withal unyielding to the natural motions of the parts to which it is adapted.

Fig. 3. Is an improvement upon No. 2, but is still inconvenient, and does not possess the advantages and ease of adaptation to the motion of the parts of the one I have recommended.

Fig. 4. Is the pattern of the one I wear myself, and its advantages are—First, the pad being moveable, is by means of the adjustment of the apparatus kept fixed immediately upon the orifice of the rupture, and enabled to adapt itself to the motions of the lower abdominal muscles, &c., being never displaced by any violent exercise that I have known, but always retaining its position as first placed until removed. I am in the habit of taking off the truss when I retire for the night, and replace it when I rise in the morning, to give the compressed parts ease during rest. Secondly, the truss is kept in its place, and not allowed to chafe the parts it covers, by the ligature rove through the rings, and fastened in a knot. The covering of the machine and pad can be of flesh-colored silk velvet or plush, and the ligature of the same colored silk braid, to suit the patient, &c. Thirdly, the rings affixed to the *upper* edges of each of the termini of the springs, allow the ligature to play and slide through them easily, and by this means permit the whole machine to adapt itself easily and compactly, without friction, to all the movements required by the parts—acting upon the same principle with the ligature as ropes and blocks do to the tiller of a vessel, easing all its motions, and keeping the rudder (the pad covering the rupture answering to it here) steady and secure, and at the same time supporting the whole fabric.

New York, October 23, 1841.

Yours, with respect,

ISAAC I. GREENWOOD, 71 Warren st.

STRICTURE OF THE SMALL INTESTINES—ANOMALOUS CONDITION OF THE KIDNEY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you may think the following of sufficient importance to merit a place in your valuable Journal, it is at your disposal.

Mrs. Sophia H——, aged 28, mother of one child, which was six years old at the time of her attack, was taken in the spring of 1838 with tenderness of the abdomen on pressure, with red and smooth tongue, febrile exacerbations though somewhat slight at first, but increasing progressively for three or four weeks, appearing to be but little benefited by remedial means. The case was then supposed to be inflammation in the mucous membrane of the *primæ viæ*, which no doubt was a correct diagnosis. The pulse were in general not above 80, but rather small and contracted; a rosy flush was daily apparent on the cheek, with pallor of the other parts of the face. Within four or six weeks from the first symptoms she was confined to her bed, which confinement continued for about four months. During this whole time, and while indisposed previous to confinement, the most intense interest was excited in her case, and the counsel of several of the most skilful physicians in the vicinity was solicited and obtained; but all prescriptions appeared to be alike futile. During this long period, her appetite was quite good, but the mildest ingesta, even in a liquid form, was quite apt to produce severe distress at the stomach, and induce a febrile paroxysm. A laxative of the mildest kind almost invariably produced febrile irritation; but olive

oil, combined with Venice soap, molasses and water, proved the least irritating of any that we could devise. Local bleeding and counter-irritation gave little or no relief. Acetate of morphine alone, and combined with ipecac., tart. potash, and other refrigerant medicines taken in mucilage, would produce almost no abatement of the symptoms, or any of their legitimate effects upon the constitution. Acetate of lead, combined with opium, was no more successful. A moderate salivation with blue pill produced no abatement of the symptoms. At length, by the advice of my esteemed friend, Prof. Crosby, of Dartmouth College, I administered, three times a day, a draught of a mixture of the solutions of sulph. of iron, and sup. carb. of potash, sweetened and mixed at the time of administering it, producing thereby pure carbonate of iron. Under this treatment the febrile symptoms gradually abated, and from a state of extreme emaciation her flesh gradually improved, and light food would set easier on her stomach. She soon became able to walk in her room, and within a few months had nearly recovered her ordinary weight, could ride in a carriage, and walk about the village; but still her health was quite imperfect, and a little over-exercise would produce pain in the right lumbar region and right hypochondrium. Her appetite continued good, and she ate almost all kinds of ordinary food with impunity. But occasionally, within a few hours after indulging in some article not easily digested, or thoroughly masticated, she would be taken with such violent fits of colic that her life would be almost despaired of before the bowels could be moved by laxatives and enemata; instant relief would be procured by catharsis. From the prostration and debility consequent to these accidents, she would be slow to recover.

I come now to another circumstance in this case, which to me appears altogether the most interesting in a pathological point of view. Soon after her confinement to her bed, as above stated, she called my attention to a tumor which she discovered projecting from under the ribs, about mid-way between the linea alba and the angle of the ribs on the right side. It appeared dense to the feel, and about two or two and a half inches in diameter, convex where it approached the parietes, and could on slight pressure be removed into the concavity of the diaphragm beyond the reach of touch. It could be felt only when she was lying on her left side; then it would sometimes be found as low as the right iliac region, and sometimes partially under the umbilicus. It was tender on firm pressure, and its locality could be easily changed by changing the position of the patient, or by gentle pressure. All the physicians whom I had in consultation supposed it a morbid enlargement of some originally small gland, or adventitious production, attached to, they knew not what organ or tissue; and what connection this tumor had, by mechanical pressure or otherwise, with the irritation and inflammation of the digestive tube, none could be perfectly satisfied. But after she had so far recovered as to be able to ride and walk the streets, the tumor and its latitude of movement had undergone no perceptible change. She continued in this imperfect state of health, with occasional fits of colic on every little indiscretion in diet, until the fore part of August, 1841, when, on slight exposure to wet and cold, being caught in a shower, she was suddenly at-

tacked with inflammation in the mucous membrane of the stomach, with nausea and vomiting, and now with total loss of appetite. Nothing could be retained on the stomach without distress and nausea. Counsellors were again called, but to no effect. She lingered for seven weeks from the time of the last attack, almost without any nourishment except by enemata, and died.

(Her own sister died of inflammation in the mucous membrane of the stomach, at the age of 22. Her own aunt has for several years been confined with irritation and inflammation of the mucous passages.)

Autopsy.—Twenty hours after death a post-mortem examination was made, Drs. I. McNiece and C. S. Downes present. On opening the cavity of the abdomen, instead of an adventitious growth constituting a tumor, the right kidney was, as it were, found loose in the abdominal cavity. The tissues which confined it to its proper locality originally, had, by some unknown cause, become so lax or elongated, that the kidney could easily be carried across the spine to the left without putting any tissues on the stretch. The left kidney was normal in its attachments. Both kidneys appeared of their natural size, and their external and internal appearance was healthy, and the urinary functions had all ever been performed with integrity. On opening the stomach, the mucous membrane exhibited indubitable marks of inflammation, and in some portions it appeared to have been removed, and the coats of the organ so extremely attenuated as to become quite transparent, while other portions were thickened, and the mucous membrane injected and softened. On opening the jejunum and ilium, no traces of recent inflammation could be discovered, but the effects of the inflammation of the mucous membrane of the intestines during her first confinement were very palpable. There were no less than seven strictures between the duodenum and colon, dispersed through the whole length of the small intestines. Some of these were so narrow that they would admit nothing larger than a small pipe-stem, and the strictures, before the intestines were opened, appeared like points around which tape had been fastened, contracting the points of strictured intestine to a small diameter. The strictures, when opened, cut with a cartilaginous hardness, and the texture had a brown dusky appearance. There were no strictures in the colon or rectum, and all the other organs, except such described as diseased, appeared normal. The strictures as satisfactorily accounted for the colic, as the kidney for the tumor.

ISRAEL HINCKLEY.

Corinth, Vt., Nov. 17th, 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 1, 1841.

MORAL MANAGEMENT IN PRISONS.

IN the benevolent provision for the every-day comfort of the insane in Massachusetts, there is evidence of the benign influences of Chris-

tianity, and the advanced state of civilization, that is delightful to contemplate, aside from all scientific considerations. Neighboring States and communities, also, of late years, happily for the character of the age, have discovered what duty is, in regard to this particular class of unfortunate beings, and are operating slowly, but effectually, to ameliorate their physical condition by a humane system of moral management. But there is one more revolution required, which, if not effected, must continue to be deplored by philanthropists. We allude particularly to the moral discipline of State Prisons and Penitentiaries generally, in the United States. It is a theory of the law, as now administered, that the criminal is restored to society, whose privileges he had forfeited by crime, by the severity of the ordeal through which he has passed. Nothing is more untrue: the liberated convict is avoided, despised, and neglected; and he oftentimes, in view of his prospects, and too often from a recollection of cruelties experienced in prison, commences a warfare against the race, and frequently becomes the tenant of a prison a second time, and perhaps for life.

The cruel severity in some of the State prisons is, therefore, one of the causes of the increase of crime. A law of kindness, administered upon the same broad and just principles that characterize the insane hospitals, would soften the asperities of those wretched outcasts from society, rekindle in their obdurate hearts the emotions of gratitude, and to a great extent redeem them, by an irresistible appeal to their innate sense of duty towards their fellow men.

Cases will present themselves, in which the aberration is so strongly marked, that restraint must be enforced, and in which no relaxation of imprisonment is admissible. But the out-of-sight cruelties practised by brutal, irresponsible keepers, on those who are State criminals, is undoubtedly calculated to irritate them to the highest point of revengeful desperation. Sufficient developments were made at Sing Sing, a few years ago, to convince the community that such dark deeds as were there practised, will be practised in other prisons, when the public eye is not vigilantly kept upon them.

What system of moral management is adopted at this period, in the Massachusetts State Prison at Charlestown? Is flogging, that last remnant of barbarism, which is so much detested as a condemning feature in the law of several States, ever allowed? If the Commissioners of that Institution ever permitted it, what men constituted the tribunal to decide upon the nature of the offence for which a prisoner was to be punished, and who specified the number of lashes he should receive?

The South Boston House of Correction, a State prison in miniature, is conducted on simple, but merciful principles; a blow is never inflicted there. It is a model institution, creditable to the humanity of the city of Boston—and a model school, too, to which prison-keepers might be sent to learn the moral management of convicts, according to the advanced condition of knowledge in this important department of the law of equity.

Surgical Operations on the Uterus.—That learned and indefatigable correspondent, Prof. Portal, of Palermo, has favored us with a manuscript of nearly twenty pages, accompanied by two engravings, upon the surgery of the uterus. It is in the Italian language, and in a difficult kind of chirography; nevertheless, by patient perseverance, we hope to get it into tolerable English for publication. As evidence of the industry of Prof.

Portal, who, it should be recollected, holds several active medical offices of high trust and responsibility under the Government, we may mention that there is now before us a catalogue of his published works, embracing no less than thirty distinct publications, and constituting too long a list to insert in our pages.

Minor Surgery.—A course of lectures on what the lecturer denominates *minor surgery*, is presumed to be now going on, in Philadelphia, by Dr. Coates, as they were advertised to commence about this period. The special object in view is to teach the every-day duties of a surgeon, viz.: The necessary cautions and niceties of management required in bleeding, cupping, leeching, enemata and other injections; the stomach pump; bandaging for retention and pressure; the taxis and instrumental treatment of hernia; the construction and application of ligatures, &c. &c. It strikes us that this is far from being a minor matter: the whole scheme is excellent, and precisely the kind of knowledge that is passed over quite lightly in the regular schools, where great principles, rather than details of manipulations, are necessarily taught. Those who may avail themselves of these lectures, cannot, with any excuse, be bad operators. When the term is closed, since the doctor has a happy tact at writing, we should be right glad to have the essence of the whole in the shape of a small treatise: it would, we venture to predict, sell wonderfully well.

A New Medical College.—A medical college, under the charter of Shurtleff College, at Alton, Illinois, is making preparation for business. The president is the Rev. G. B. Perry, M.D. The faculty will probably be elected soon. From the observations of those in its immediate neighborhood, the prospects of this new school of medicine are quite flattering. Benjamin Shurtleff, M.D., of this city, has been the firm friend of the College from a very early period, and his liberal donations and unremitting attentions to its interests, induced the Corporation to give the Institution the name it now bears. An excellent anatomist and a chemical professor might be selected in Boston, who would give character to those important chairs. First impressions have an abiding influence, and it is necessary, therefore, to engage the highest order of talent for a new institution, in this age of literary and scientific competition.

Infirmery for the Treatment of Scrofulous Diseases.—The profession will doubtless feel interested in an advertisement which may be found in this No. of the Journal, by Dr. Durkee, who has recently moved to Boston from Lynn, and opened an institution on generous and reasonable terms, for the treatment of scrofulous affections. A subdivision of labor is necessary to perfection in every art and science; and physicians, therefore, in accordance with the spirit of the times, are beginning to practise on this acknowledged principle. One attends almost exclusively to diseases of the eye, another to those of the teeth; some are devoted to the great operations of surgery, and some only attend principally to febrile affections. On this plan there must be skilful men; and the community discover the advantages which a person of experience in any one department, has over one who does something of everything. Dr. Durkee has the confidence of the faculty in this city, and they are individually in

readiness to offer him any advice which the nature of his institution may require. Since he is a man of education, and has long been known as an agreeable and talented writer in this Journal—and since he does not come among us as a vain, presumptuous, ignorant pretender, but stands upon the firm basis of medical knowledge, we candidly recommend him to the patronage of the afflicted, wherever his name may be extended.

Western and Southern Medical Recorder.—No. 1, of a new monthly medical journal, bearing this name, has appeared at Lexington, Ky., under the editorial charge of James C. Cross, M.D., one of the faculty in the Transylvania University. He was formerly in the chair of *Materia Medica* and Therapeutics, at the Medical College of Ohio. Of Dr. Cross's ability to conduct the publication, now fairly commenced, there can be no doubt. If the profession at the South and West, for whom he expressly exerts himself, will give that cheerful patronage which the character and importance of the Journal have a right to expect, it will soon become the medium of valuable information, and be looked for with solicitude every month. The leading articles are fine specimens of writing—emanating from sources, too, which will always command the respectful attention of an elevated class of readers. The best service we can do this new candidate for fame, is to republish, from time to time, some of its excellent papers.

Law in relation to Medical Charges in Massachusetts.—Any person who administers medicine, good or bad—replaces bones, whether displaced or not, or in any form whatever acts in the capacity of a prescriber of remedies for disease, can collect his charges for the same in this Commonwealth—the law being now upon the broad principle that he who dances shall pay the fiddler. A correspondent in to-day's Journal, on page 270, is therefore in an error on this point.

Oil of Ergot. DEAR SIR—I noticed in your Journal of the 10th inst. [copied from Bell's *Materia Medica*], that Mr. Wright has cured two cases of "troublesome diarrhœa," by administering the oil of ergot, although he does not appear to be perfectly satisfied with the rationale of its operation. Perhaps if he had been more familiar with the pathogenesis of his remedy he would not have been surprised at the success of his prescription, nor have been under the necessity of attributing it to any sedative properties in the article. The only wonder in the case is, that he should not aggravate the present sufferings of his patient, or produce some new derangement by the quantity of medicine given. S. G.

November 18, 1841.

The Great Missourium.—The following more particular account of the skeleton which was alluded to on the 100th page of this volume of the Journal, is part of the last Bulletin of the Academy of Natural Sciences, and is copied from the Philadelphia Medical Examiner.

"Dr. Goddard stated that he had examined the so called 'Missourium Kochii,' and found it to be a skeleton composed of *Mastodon* bones, most of which appeared to belong to a single set, many, however, having been

superadded, and others mended and glued together in a manner wholly erroneous.

"The following errors were especially noticed :

"*Spine*.—The spine presented the anomaly of 8 cervical vertebræ; and instead of 19 dorsal and 4 lumbar, had 23 dorsal and 10 lumbar vertebræ, making the number of bones in the spine too great by 11. The bones articulated with the 2d and 4th ribs were cervical vertebræ. The space between the vertebræ were much magnified by thick wooden blocks placed between them, and the spine was curved upwards, so as to give an exaggerated idea of the height of the animal.

"*Ribs*.—These were redundant in number, and were spread out as much as possible, so as to present the appearance of a wide and flat chest. The first pair of ribs were stuck on the bones of the shoulder, to resemble clavicles—bones which the Mastodon does not possess.

"*Head*.—The head was that of a Mastodon with the top deficient, and a piece of an ethmoidal? bone glued on in front to resemble a snout. The tusks were distorted laterally, so as to occupy a space 18 feet in width.

"*Scapulae and Iliæ*.—These having been deficient, were very ingeniously pieced out with wood, glued over so as to resemble bone.

"*Feet*.—The feet were ludicrously made up of carpal and tarsal bones, and presented the wonderful anomaly of four phalanges in each toe.

"Several other discrepancies were observed; apart from which Dr. G. considered the skeleton one of very great interest."

TO CORRESPONDENTS.—The communications of Dr. Dixon, W. J., and Medicus, of New York city, and of Dr. Wheeler of Providence, will receive early attention.

DIED.—At Sharon, Ct., of typhus fever, Dr. Albert F. Roberts, 42.—At Poughkeepsie, N. Y., Dr. Sturgis Phinney, formerly of New Bedford, Mass.

Number of deaths in Boston for the week ending Nov. 27, 35.—Males, 21; Females, 14. Stillborn, 5.

Of consumption, 5—typhus fever, 3—croup, 1—scarlet fever, 7—lung fever, 1—measles, 2—debility, 1—inflammation of the brain, 1—child-bed, 1—dropsy in the head, 1—paralysis, 1—pleurisy, 1—intemperance, 1—fits, 2—palsy, 1—bronchitis, 2—cancer, 1—dropsy on the brain, 1—marasmus, 1.

HOSPITAL IN BOSTON FOR SCROFULA.

SILAS DURKEE, M.D., Member of the Massachusetts Medical Society and of the Boston Medical Association, having been in practice fourteen years, and having had constant opportunity for three years to attend to the diversified forms of Scrofula while in charge of the Hospital Department of a charitable Institution in Portsmouth, embracing more than one hundred inmates, respectfully announces that he will devote special attention to the treatment of that disease. He has taken the large and convenient house No. 26 Howard street, Boston. The location is retired and airy, with every accommodation for invalids from abroad. He has also made ample arrangements for administering medicated baths, and for the general treatment of patients according to the methods most approved by the profession in this country and Europe. Board from \$3.00 to \$5.00 per week.

Boston, Nov. 29, 1841.

D. 1.—eop6w

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platinum Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

REMOVAL.

A. F. BARTLETT has removed to No. 3 Winter, corner of Washington st., where Dr. Chapin's Utero-Abdominal Supporters may be obtained as improved by Mr. B.

D. 1.—3t

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	-	-	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	-	-	ROBERT HARE, M.D.
Surgery, by	-	-	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	-	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	-	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	-	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	-	-	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	-	-	-	W. W. GERHARD, M.D. and
“ on Surgery, by	-	-	-	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 20, 1841.

A 25—t Decl

Dean of the Med. Faculty, 263 Chesnut st., Philadelphia.

TO PHYSICIANS

A PHYSICIAN in one of the most pleasant villages in the State, about 30 miles from Boston, wishes to dispose of and leave his situation. Practice from \$1500 to \$2000 yearly. For particulars, address the editor.

Nov. 21—3t

RESPIRATORS.

THE subscriber, by means of an agent in London, has constantly on hand a number of Respirators, of every quality.

N. 17—cop3m

H. I. BOWDITCH, 8 Otis place.

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDRAL's Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Clutterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Mannele on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plumbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretæus on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 Belknap street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint, J. V. C. Smith.

Boston, April 14, 1841.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, DECEMBER 8, 1841.

No. 18.

A LECTURE,

Introductory to a Course on the Institutes of Medicine and Materia Medica, delivered before the Medical Class of the University of New York, on the Evening of October 28th, 1841. By MARTYN PAINE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

GENTLEMEN,—It being a part of the duties of my chair to teach you the Philosophy of Medicine, I shall endeavor, at all times, to follow the *simple* path of Nature; and in so doing, we shall find nothing but an admirable system of design, intimately associated in all its parts, always consistent, reaching from the *rudimentary* development of the organic being to the ultimate extinction of its laws, whose multifarious phenomena perpetually spring from principles which are established in the *germ*. Whatever, therefore, may be the complexities of disease, you have the consolation of knowing that it is simple in its *essential* elements, that these elements are *forever* present, and that you will be mainly employed in investigating the *modifications* which they undergo. Here, then, you will always stand upon a great and immutable foundation of Nature. This will always be your guide, always your point of departure, and to this you will always return from your excursions into the paths, which radiate from it in conformity with the constitution of the great plan of organic life.

Nature, indeed, is *always* simple in her *fundamental* laws. She abhors a complexity of causes, as much as she is said to do a vacuum. The Institutes of Medicine, therefore, and the Philosophy of the operation of Remedial Agents, being directly the offspring of the properties and laws of organic beings, *they*, also, must, of necessity, be simple in *their* essential attributes. Hence, it is manifest, that my course of instruction will have mutual and intimate dependencies—forming a connected chain which cannot be interrupted without impairing the whole.

But, there are, also, *artificial* institutes of medicine—such as are not recognized by Nature; and which, therefore, consist of a broken series of hypotheses, either having no relation to each other, or standing in direct opposition. From this, it necessarily results that the treatment of disease, which is founded upon these hypotheses, is not less unphilosophical, not less contradictory of itself, and abundantly demonstrative of the primary error. This has been the misfortune of medicine at all ages of the art, but, at none more so than in our own times. With *these* I must also make you acquainted, though I shall limit my exposure of error to

the doctrines of the present day. You will thus enjoy the opportunity of exercising your own judgments, and of making your election between good and evil—myself allowing that the evil may be mine.

In adopting this only method of arriving at the truth, my earnest desire to remove some formidable obstacles from your path will necessarily give an *appearance* of asperity where none is intended. It will unavoidably result from the nature of the contrasts which will be presented; and the importance of our pursuits to the interests of mankind, and to the dignity of mind, will permit no complimentary sacrifice to the ingenuity of speculations. Truth must be stern and inexorable, to overcome the obstinacy of error; for error, like the heads of the hydra, can never be propitiated. We may cut off its heads—but still the principle of regeneration may remain. We must then come to the *actual cautery*, as employed by Hercules in the case of the hydra, as our only infallible resource. But, in all that I may say, now, or hereafter, I wish it to be distinctly understood, that my remarks have no intended application to *men*, but are simply designed for the promotion of truth—of that truth which was so beautifully recommended to your admiration, the last evening, by its “Professor in Theory and Practice.”

I shall begin my course of instruction by examining the composition of organic beings in both animated kingdoms—though not so much for the purpose of acquainting you with the abstract fact, as of presenting a series of coincidences at the very foundation of organic beings, which irresistibly demonstrate their dependence upon peculiar properties and laws, about which all physiology, all pathology, all therapeutics, are immediately concerned. A knowledge of these vital properties and the laws they obey, and which, as of all other existences, we acquire through their peculiar and endless phenomena, is fundamental in medicine. They preside over all healthy and morbid conditions. The functions, and all the products of the living being, are *primarily* referable to these properties. Unlike all other properties or powers of nature, they are susceptible of influences from external and internal causes, and are liable to great instability. This instability is at the foundation of disease, and of therapeutics—though the latter involves the important constitutional principle, then when these properties are diverted from their natural condition, they have an *inherent tendency* to return to their natural standard.

We have thus before us, in a *few* words, the simple elements of physiology, pathology, and therapeutics. They are all immediately concerned about one elementary principle, which is manifested under different phases. The *physiological* or *natural* condition is constituted when the vital properties possess their *normal* state; the *pathological*, when they are *altered* from their natural condition; whilst *therapeutics* *modifies* their morbid changes, and places them in a condition to obey their constitutional tendency to return to a state of health. *This* they are often able to accomplish without the intervention of art, which *never* cures, but only places *nature* in the *way* of cure. This is all that can be understood of the celebrated *vis medicatrix naturæ*, a most important law appertaining to the constitution of the vital properties, but about which much illusion, and many extravagancies have prevailed.

Such, then, is fundamental in medicine. But, however elegant this simplicity in the most essential attributes of organic beings, such are the natural modifications of the properties of life in the different organs and tissues, and such their liability to change from a thousand influences, and according to the nature of those influences, and although nothing happen but under the direction of some everlasting law which operates according to the existing combination of causes, medicine is, nevertheless, the most profound, the most complex, the most difficult of all human pursuits. It was once thought to have been only worthy of the gods—and temples were consecrated to their disciples.

But, the vital properties must have their *instruments of action*, through which the *functions* are performed, the being obtains his growth and nutrition, his secretions elaborated from the universal alimentary fluid, and the morbid phenomena carried on. These instruments of action consist of the visible organization; and in every part of this are the vital properties implanted.

It is obvious, therefore, that we can have no adequate knowledge of the functions of life, whether healthy or morbid, without a critical familiarity with the organization through which they are conducted; and this will become more and more apparent as we advance in our inquiries. Nor is it alone a *general* outline of the human mechanism which will enable us to comprehend the arcana of disease, or to apply its appropriate remedies. The vital properties are *differently modified* in every organ, and in the different tissues of each organ, and often in the same parts of a continuous tissue, and they are not only constantly liable to different influences from remote causes, but according, also, to their natural modifications in different parts. They must, therefore, be liable to great differences in their *results*; whether physiologically, pathologically, or therapeutically considered. We must also be familiar with the sources from which the various organic viscera derive their nerves and bloodvessels, and how communications are established amongst the organs by these and other anatomical connections.

The most important of these media of communication is the cerebro-spinal and ganglionic system, especially the sympathetic branch of it. The distribution of the sympathetic nerve should be well comprehended, as should also those cerebral nerves which are contributed to important vital organs, or others which associate themselves with the sympathetic, and thus establish intimate relations between the organs of animal and organic life. By these various nervous connections, the harmony of the entire machine is maintained, or the equilibrium of the whole disturbed when morbid causes may derange the action of one part or another. It is also through these connections, particularly, that remedial agents, whether applied to the stomach or to the skin, exert their salutary impressions upon diseased organs which may be remotely situated. The communicating nerves, however, are often complex, and their analysis is not always of easy attainment. But, a knowledge of the nerves, with which the natural and morbid functions are so intimately associated, is less important than that of the general tissues which compose each vital organ. The peculiar properties of the nervous system, which are known as sen-

sibility and sympathy, have no other participation in organic processes than as they *influence* those processes. The nervous power is to be regarded in the light of a vital stimulus, and regulator of the organic functions—sensitive to an inconceivable degree, and whilst itself a vital stimulus, is capable of *being acted upon and modified in its nature*; but operating in health without any remarkable demonstrations. But, its *constitutional* nature is such for the maintenance of uniform and harmonious movements throughout the animal fabric, that when *influenced by unusual causes*, it may undergo a violent development, become *modified* in its nature, and may determine *healthy or morbid* changes in the *organic* properties, or *extinguish* them in the *twinkling* of an eye.

I was not a little gratified at the manner in which our Professor of Surgery adverted to the prodigious results which are destined to flow from the discoveries of Sir Charles Bell; and I will go perhaps even farther than he, and anticipate the time when those discoveries will be to medicine what the calculus is to mathematics. Encouraged by the brief, but comprehensive and philosophical reference which was made on Monday evening to the principles which are involved in this great triumph of physiology, I will also venture to predict, that the doctrine which I have just *propounded* for the first time in relation to the modification of the nervous power, will open to us the whole philosophy of remote sympathy in connection with pathology and therapeutics. It opens to us the whole philosophy of the operation of morbid and remedial agents upon organs that are remotely situated from the direct seat of their application. This supposed modification of the nervous power is in perfect harmony with the instability of the organic properties themselves, and is not only sustained by the whole force of this analogy, but by *all* the phenomena that relate to the principle of remote sympathy. That you may, however, the better comprehend what I regard as modifications of the nervous power, according to the nature of the agents or causes by which it is developed, whether natural, morbid, or remedial, you have only to consider, farther, how *electricity* is modified by the *galvanic* apparatus, and how again by the organization of the *torpedo*; how each affects in peculiar modes the properties of life, or how each determines peculiar influences upon inorganic substances; or how, again, perhaps, the magnificent conception may have been demonstrated by our Professor of Chemistry, that the colorific, the calorific, and the deoxydizing rays of light are only modified states of a common substance. Think, also, of the wonderfully different attributes of each of these rays, and you will then have no difficulty, with the aid of the multifarious phenomena of sympathy, and the cerebro-spinal and ganglionic system, in comprehending how this poison or that, or this remedy or another, or joy or grief, shall so *develope* and *modify* the nervous power, that it shall be directed upon, and alter the organic properties of parts that are distant from the direct seat of the morbid or remedial action, in one case in one way, in another case in another way. I know of no exception to the theory, and without it you cannot explain the remote influences of remedial agents; whilst this construction of their *modus operandi* is in perfect harmony with the natural phenomena of sympathy.

But, what may be the *nature* of the nervous power, or of the organic

powers, no one can divine, any more than he can imagine the *nature* of the most tangible and ponderable substance. But this does not prevent us from *knowing* the *existence* of the substances, and their *laws*, and that each is *radically different* from the others.

The practitioner, however, may come to acquire, by a diligent observation of nature, an adequate apprehension of the vital influences which one part exerts upon others, without knowing, in detail, the special media of communication. But, his knowledge of these influences is vastly facilitated by anatomical acquirements, pursued with a reference to this fundamental point; and without this anatomical aid, conviction is slow, and success can only be obtained by a long and careful study of the phenomena of life, under their varied aspects of health and disease. This labor, too, with the best anatomical proficiency, must be always great before the laws of sympathy can be justly realized in their variously modified relations, or in their practical bearings.

Rare genius may analyze the phenomena of disease, often reduce them to generalizations, and apply the *appropriate* remedies, without, perhaps, understanding the details of structure. We have examples of this nature among the fathers of medicine, of whom none is so remarkable as he who created the science, and expounded that system of rational philosophy, which, at a distant age, was consecrated by Bacon, and has since given to arts and sciences an impulse which is carrying them fast to the limit of any rapid improvements. But, though it be easy to *admire* the genius which *creates* a science, we may not *imitate* it. Most of us must be contented to study *its elements*, and to advance, step by step, before we can grasp the principles *already* known, and reduce them to practice. Such, at least, has been my own laborious experience; slowly gathered in the field of nature—or by consultation with others—or by unwearied meditation. We must come, therefore, to the work of preparation, not only with resolute purpose, but with a *zeal* that shall maintain that purpose.

Although anatomy is at the foundation of practical medicine, it is only that of the great vital organs with which the *physician* is particularly interested; and yet these are the ones which are most apt to be neglected. Such as relate to that division which is called animal life, the muscles, for instance, is to him comparatively unimportant. It is here that the surgeon holds his empire, and to him this branch of anatomy is not less indispensable than the former is to the physician. The mere operative surgeon may practise his art without knowing whether the stomach be composed of one or more tissues—whether it be seated in the abdomen or in the thorax. And with all this ignorance, he may acquire a far greater temporary renown by a stroke of the knife, than the most consummate philosopher in medicine. But he, who would embrace in the range of his usefulness the more exalted art of *treating* surgical diseases, and who prefers the conservative efforts of nature to the more summary process, must be skilled in the whole department of anatomy, and in the divination and cure of *internal* disease. So, will you be told by *one* whom the world *delights* to honor.

Considering, therefore, gentlemen, the importance of anatomy to your

practical pursuits, I trust you will spare no effort in making an attainment which will exalt you above the ordinary grade of practitioners, and which will bring you a daily recompense in the conviction that your knowledge of disease reposes on one of the great foundations of nature—that your remedies are directed to an intelligible purpose, and, whether the issue be favorable or fatal, that you may equally rejoice in the consciousness that you have been guided by an enlightened understanding of the art, or that your efforts have not been frustrated by the imbecilities or the rashness of ignorance.

We are now conducted to the immediate objects of inquiry in my lectures; the first of which is physiology in its relations to the natural condition of organs. This is the beginning of a *vast* superstructure, which has been the progressive work of many ages, and which, more than any other pursuit, has enjoyed the laborious efforts of genius, and the unwearied toil of a great, though humbler class of mankind.

From physiology, we ascend to its application to pathology, and therapeutics; which, in their connected series, make up the vast fabric that reposes upon the *structure* of organs.

Physiology, according to its Greek derivation and original import, embraces the whole field of nature. The moderns, however, have restricted the word to the science of life. In this acceptation, it comprehends all that relates immediately to the powers and functions of organic beings. It takes in, therefore, the whole vegetable, as well as the animal kingdom. Each of these kingdoms possesses in common the most important conditions of life, though existing in each under specific modifications or varieties; not, however, very dissimilar, and intimately connected by a gradation of analogies, as we descend along the chain of either till we come at their connecting link in the lowest being of one or the other—as the sponge, for instance, which has enjoyed the distinguished honor of having been successively assigned to the three kingdoms of nature, and of being now exalted to the dignity of an animal. Other conditions are superadded to the nobler kingdom, which, with the differences of structure, and the modifications of their common properties of life, and their modes of subsistence, distinguish the two living kingdoms from each other. I shall enter largely into the consideration of these topics, as all rational medicine is intimately concerned with their knowledge. The importance which I have attributed to anatomy is predicated of these ulterior objects. It would be in vain that you comprehend the *structure* of organs, without knowing the nature of the powers and functions which they subserve, and the laws which they obey; since all diseases consist essentially in certain alterations of the properties of life, which lead to all the modifications of the laws and functions, and to every sensible result of a morbid nature. A knowledge of the whole is obtained through the phenomena as they are presented to our senses, and by nothing else. From these, we reason to the invisible existence, its changes, &c., with as much certainty as to those which possess the most tangible characteristics. It is just so in respect to the mind, and the brain with which it is associated, whether in their natural or morbid aspects.

[To be continued.]

UTERINE POLYPI.—NEW INSTRUMENT FOR THEIR EXCISION.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. A——— was visited, at the request of Dr. Cyrus Weeks, of this city. She was the mother of several children, and had been for a year or more the subject of constant hemorrhagic discharges from the uterus, accompanied with expulsive pains. An oval body, of pyriform shape, projecting slightly through the os tincae, had been mistaken by the two attendants who preceded Dr. Weeks, for prolapsus uteri. A pessary being applied, no relief followed, and Dr. W. was consulted. He detected polypus; only the most depending portion could be reached, whilst the patient was standing, the neck being evidently attached at or near the fundus. The ligature was passed by me with great facility by the accompanying instrument. The polypus came away on the second day, the ligature having fairly encircled the neck. The patient is now quite well—nearly three years after the operation. The mass was about the size of an egg, and of the fibrous kind.

Dr. Isaac Wood, of this city, very kindly consented to apply the instrument to a case under his care. The patient was about 35 years old, and a mother. Drs. John W. Francis, R. K. Hoffman, Benjamin Drake and myself, were present. The polypus was attached within the uterus, the neck being beyond the reach of the finger. Scarcely sufficient time for ordinary examination, certainly not over two minutes, had elapsed from its introduction by Dr. Wood, when it was successfully applied. This also came away on the second day, and was of the fibrous character, about the size of an egg. The ligature encircled the neck completely, and is still attached to the tumor, in my possession.

Dr. J. P. Stryker, of Newtown, L. Island, requested me to visit a patient who had irregular menstruation, accompanied with great hemorrhage and expulsive pains. The polypus was so far within the womb that it could only be reached by using much exertion, the patient standing; it could barely be touched with the forefinger. Drs. Wright, of Newtown, and Stryker, were present and examined the patient. The ligature was passed with great facility. The tumor came away on the third day, the neck being fairly encircled. The patient recovered. This was of the cellulo-vascular character, about the size of a black walnut, and of a deep red color. It is now in my possession.

I have likewise had occasion to excise small fibrous polypi in three instances, attached to the neck of the uterus, and in one case to the posterior wall of the vagina. In these cases more or less hemorrhage existed. My object in mentioning them is to show the necessity of investigation—for polypi are certainly more frequent than they are supposed to be. Dr. Dewees, as late as 1831, had seen, as he supposed, but one case. (See his work on Diseases of Females.) Now in his vast practice, more than this, it is almost certain, must have occurred. The only way to account for the smallness of the number, is to suppose some of his cases of menorrhagia to have been caused by polypi. Indeed, in their incipient state, being entirely intra-uterine in many cases, and menorrhagia a constant attendant, it is more than probable that this is the correct explana-

tion. Dr. Denman reports nine cases. This would seem to confirm the above supposition, as the practice of the two gentlemen could not have been numerically dissimilar.

Dr. Dewees remarks that a ligature "cannot be applied till the polypus descends into the vagina." Mr. Cooper (See his Dictionary) also denies its possibility. Dr. Denman, though he experienced great difficulty and lost several patients, succeeded in one or two instances. The instruments of Drs. Clark and Gooch are familiar to surgeons. I have only adopted my own, because, like all *one's own* devices, it is a favorite. Its self-opening power, its facility of entrance and application, and last, not least, its cheapness, recommend it in some degree to use. My preceptors, Drs. Valentine Mott and J. W. Francis, consider it a valuable improvement. The drawing will explain it sufficiently.

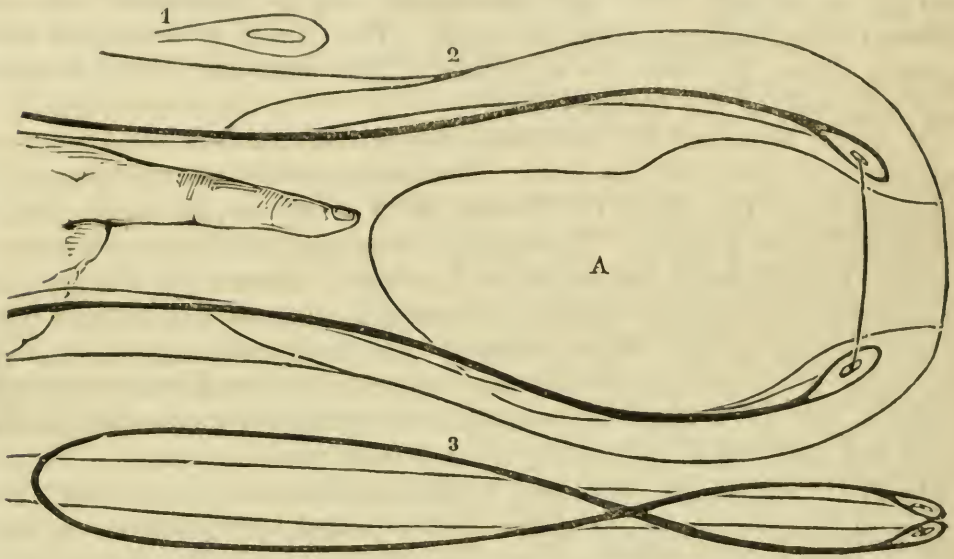


Fig. 1. Size of the probe-points, which are made of common solder, and should be flattened.

Fig. 2, shows a section of the uterus, with the polypus, A, so situated that the finger in the vagina can scarcely reach it, and the instrument applied.

Fig. 3, is the instrument *shut*, ready for application.

It is to be made of stout wire, *hard drawn*, about one twelfth of an inch in diameter; twelve inches long, and to retain the proportions of the cut. It should always be passed over the abdominal aspect of the tumor, as far as it will go without force, and suffered to spring open. The elevation of the handle will depress the points, bringing the ligature athwart the neck of the tumor; two or three turns will then strangulate it. Should the patient complain of *acute pain*, slack up and withdraw it a little, then turn again; if no pain follows, twist it again two or three times, and leave the instrument within. The patient must lie down till the tumor comes away. The complaint of pain is of great importance, as it proves part of the uterus to be included—which for the most part will prove fatal if suffered to remain included. An instructive case may be found in Denman, where the patient complained of pain, and a post-

mortem proved part of the uterus to be included. There can be no pain of an *acute* kind on passing the ligature over the polypus alone, as it has no nerves.

In selecting the ligature in preference to the knife, as the proper means of removing polypi, we shall certainly effect the object desired in a manner far the safest and most agreeable to the patient. Indeed, how a polypus attached to the fundus can be removed with the knife, without drawing the fundus on a level with the external parts, we believe surgeons have yet to learn.

EDWARD H. DIXON.

New York, Nov. 25, 1841.

FRACTURES NEAR THE WRIST.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As I happened to be present at one of Dr. Mott's Clinical Lectures to his class in the University of this city, on a late occasion, and as several inquiries have been made of me respecting the substance of those remarks which related to the difficulties of the surgical treatment of fractures near the wrist, I have supposed it might be of interest enough to the profession, as a matter of medical jurisprudence, to warrant an insertion of those remarks in your Journal. Under the hope that you would concur with me in this view, and that I might do exact justice to Dr. Mott, I called on him this day, and he had the goodness to repeat to me the substance of his clinical remarks, as follows: "That fractures of the radius within two inches of the wrist, when treated by the most eminent surgeons, are of very difficult management so as to avoid all deformity, and that more or less deformity may occur under the treatment of the most eminent surgeons; that more or less imperfection in the motion of the wrist or radius is very apt to follow for a longer or shorter time; that even where the fracture is well cured, an anterior prominence at the wrist, or near it, will sometimes result from swelling of the soft parts, &c."

As the above opinion of Professor Mott coincides with my own observations, both in Europe and in this city, as well as with many of our most distinguished surgical authorities, I venture to hope that this very brief communication may assist in removing some of the groundless and ill-merited aspersions that are occasionally thrown on the members of our profession by the ignorant or designing.

Very respectfully yours,

New York, Oct. 1st, 1841.

W. J.

CASES OF SCROFULA CURED BY THE XANTHOXYLUM FRAXINEUM.

PHYSICIANS, I believe, agree, that many of their most valuable remedies were discovered and first used by empirics; and hence the necessary conclusion that the use of a remedy by an empiric is only *prima facie* evidence against its efficiency. It is my wish to direct the attention of physicians to a remedy, which appears to have been used by quacks,

with at least apparent success, in one of those diseases which appear to be mingled with the springs of life so perfectly, that palliation is attempted rather than relief. I refer to a shrub, the botanical name of which I do not know. I have heard it called prickly ash, prickly sumach,* and tear-blanket. It is very common here in the West, and I believe generally known by one of these names. The case in which this remedy was first used within my knowledge, was that of a negro woman of mine, some fifty years of age. She had been under the care of a physician for some months, without having derived the least benefit from the usual remedies. The ulcers about the throat had become very deep and large. She was very much emaciated. In short, the physician despaired of her wholly, and suggested the propriety of trying the prickly ash, saying that he had heard, when a boy, that it had been used successfully in that disease. He tried it, and in a short time all the urgent symptoms were relieved—the ulcers assumed a healthy appearance and healed up perfectly—the only application to them being a little tallow upon a rag. The disease appeared to have been perfectly eradicated in that case, there having been no symptom of its return during three years.

The next case that I saw was a man some 40 years of age—very spare habit. His family was scrofulous. His throat was much scarred when I saw him in 1840. He said that for some years previous to 1828, he had been much afflicted with scrofula, not only with the ulceration about the jaws, but with violent pain in the chest, inflammation about the eyes; the water from his eyes was so acrid that it excoriated his cheeks. After having, as he expressed it, “spent all his earnings upon the doctors without being benefited at all,” he, in 1823, applied to a negro-doctor, who gave him the prickly ash; he was entirely cured, and remained free from scrofula until his death, last spring.

The next case that I saw was that of a young lady who had had the advice of the most eminent of our western physicians; indeed, she had been under the care of one of the most eminent, for some years, with scarce even a temporary relief. She had entirely despaired of recovery. I recommended the prickly ash; in a few weeks all the swelling about the fauces subsided, the gums and cheeks assumed a healthy hue; she was relieved from the violent headaches to which she had been subject for years. She left the country before her cure was completed, and I understand some of the symptoms have since returned.

I have been thus particular in describing the cases, in order that those who have better opportunities of forming a correct opinion, may decide as to whether there be any hope that this may prove a specific in this horrible disease.

I take a handful of the bark of the stem or root, and boil it in a new iron vessel. I let it stand until the iron has blackened the tea. I give it thrice daily—let the patient take as much as the stomach will bear without nausea. A little rhubarb may occasionally be necessary.

I hope that my experience may induce some of the profession to try

* These are not the same plant. The *Xanthoxylum Fraxineum* is no doubt the one referred to. The *Aralia Spinosa* (prickly sumach), we incline to think, possesses no medicinal properties.—*Ed. Western Journal.*

the remedy. I would suggest the propriety of making an inspissated preparation of the tea after the iron has combined with it, for patients complain very much of the bitter nauseous taste of the tea.—*Western Journal of Med. and Surg.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 8, 1841.

DR. GIBSON'S INTRODUCTORY LECTURE.

AN introductory discourse was pronounced by Dr. Gibson, of the Surgical Chair in the University of Pennsylvania, at the opening of the lecture term, Nov. 1st, which is quite out of the common order on such occasions, and well calculated to be extensively read by those who like to know the way to eminence. A large part of the lecture, and by far the most intensely interesting to the general reader, relates entirely to the professorial autobiography of the distinguished surgeon by whom it was delivered. Dr. Gibson gives a continuous narrative of events from the day he heard his first medical lecture, till he took possession of the professional chair he now so honorably sustains. He had a presentiment that he should be the successor of Dr. Physick, and he has lived to realize his high expectations. That he is a miracle of industry, is placed beyond all manner of doubt. Such constant and indefatigable perseverance as seems to have characterized Dr. Gibson's whole life, deserves to be rewarded with the praise of men. After saying this, we shall extract an occasional passage, leaving it to the medical world to say just what it may please of the style of his performance. That it is wholly and entirely unlike any other extant, it will not be denied. If Dr. Gibson were not in a commanding position, which he is abundantly strong enough to sustain with might and dignity, the medical press would assuredly fall upon him pell-mell, and that without mercy.

"Fifty years ago I had the honor of being born in the city of Baltimore and State of Maryland, and am, therefore, like many of yourselves, a native American and a southern man. After receiving the best intellectual education Annapolis and Princeton afforded, I commenced the study of medicine, and attended, in 1806, a course of lectures in this University. Three hours after my arrival in town I heard the first public lecture I ever listened to. It was from my distinguished predecessor—the late Dr. Physick. Struck with the peculiar appearance of that extraordinary man, and with the precepts he poured forth, my attention was riveted to every action he displayed and to every word that fell from his lips. I retired to my lodgings, kept by a very respectable widow lady, and mused for hours over the wonders I had seen and heard. Whilst rapt in the deepest study and completely abstracted, I was roused from my reverie by the touch of my kind landlady, at whose fireside I was sitting, and asked what I was thinking so seriously about? Almost unconsciously I replied, I am thinking of Dr. Physick and his lecture, and intend, some day or other, to occupy his place. Soon afterwards the boarders were assembled around the social meal, and after tea had been furnished to each, my kind hostess, having nothing else to do, said in tones that touched me

to the quick, "What do you think, Gentlemen, this young man says? he says he intends to have Dr. Physick's place." In vain I put forth my hands, imploringly, to stop her tongue; with relentless and mischievous pleasure she reiterated the charge; and I had the mortification of receiving every species of home-thrust that sarcastic ingenuity could invent. For weeks afterwards the roars and shouts of the table rung in my ears; and many a sly glance and curl of the lip afterwards told what the thoughts of my associates were. Vexed, however, and annoyed as I was at thus being made a target to be shot at, the idea, which souncereceremoniously took possession of my soul, was never for a moment lost sight of, but haunted my dreams by night and my thoughts by day. After close of the lectures I sailed for Europe and first repaired to Edinburgh, where I spent the summer in witnessing the private practice and operations of the celebrated John Bell, then in the zenith of his glory; in attending botanical and natural history lectures; in devoting particular attention to hospital practice; and in replenishing my stores of classical knowledge under Adam and Dalzell and other eminent linguists of the day. * *

"Three years and upwards I remained in Europe, devoting myself assiduously to medical and surgical pursuits, collecting all the scarce and valuable books, ancient and modern, I could lay my hands upon, hunting up instruments and apparatus of every description, of the most costly materials, for private use and for class demonstrations, and, in fact, spending a little fortune in such articles. Having accomplished all I wished, I returned home and settled in my native town. * * * *

"During the whole of my sojourn in my native city I constantly said to my friends I am a great believer in destiny, and feel confident that my residence here will be temporary merely; told them of the idea which had taken forcible possession of my mind whilst a student, and which never for a day had been absent from my thoughts; said I should be appointed to Dr. Physick's chair, and could almost venture to tell the hour at which the appointment would be made. That hour, true to my prediction, at last arrived. The lamented Dorsey had been chosen, in place of the late Dr. Wistar, professor of Anatomy, but survived only long enough to deliver an introductory lecture. The anatomical course, as well as the surgical, was carried on by Dr. Physick. At the termination of the course, it became a question whether Dr. Physick should abandon the surgical chair, originally instituted for him, and which he had occupied fifteen years, and become a candidate for the anatomical one, or a new anatomical professor be appointed in place of Dr. Dorsey. By advice of most of his colleagues and friends, and in accordance with his own wishes, Dr. Physick resigned his surgical chair, and, without opposition of consequence, was appointed to the anatomical. * * * *

"My appointment to Dr. Physick's chair took place in September, 1819—rather more than twenty-one years ago. I had immense opposition to contend with—the place being sought by some of the most eminent surgeons of the town, and of the United States; indeed, a petition was signed by almost all, I believe, of the medical men of Philadelphia, unconnected with the University, and presented to the Trustees, remonstrating against the appointment of any one not belonging to the city—certainly upon very untenable grounds, inasmuch as the school had, from time immemorial, been supplied with students not chiefly from Philadelphia, but from every district in the Union, and principally from the South."

"My first step, after receiving the appointment, was to inquire for and seek out my old landlady—wondering if she would recollect me and my

predictions. Much to my sorrow, however, I found she had departed this life some years before. But fortunately I was enabled to trace her daughter and present myself to her notice. Finding she did not recollect me, I exclaimed, "Is it possible, Miss Betsey, you don't remember the young Virginia doctor—for by that sobriquet all students at that period were known—who impudently told your mother he meant to have Dr. Physick's place." I thought she would have eaten me up with kindness, for she took hold of me, danced about the room like a girl of fifteen, looked into my face again and again to see if she could trace any former resemblance, asked innumerable questions about where I had been, what I had been doing, and having satisfied her curiosity and gotten over her astonishment, began to calculate how long it had been since I had prophesied to her mother, and made it out just thirteen years. * *

"And now, Gentlemen, you will perceive, from the short history I have presumed to furnish, that I have been for thirty years engaged in lecturing upon the principles and practice of surgery, first in the University of Maryland, and next in the University of Pennsylvania as the successor of the late Dr. Physick, to whose hands and my own has the chair, so far, been only entrusted; that for the same number of years I have had charge of one or more hospitals, where I have constantly delivered clinical lectures and performed the most intricate and difficult operations; that I have devoted myself, assiduously, to the formation of a surgical cabinet, the most extensive, undoubtedly, in the United States, and not inferior to some of the best in Europe; that I have had for the best part of my life an extensive private practice, and have enjoyed from European education and the advantages obtained there theoretically and practically, and from collecting all forms of instruments and apparatus calculated to illustrate lectures, opportunities which few, if any, Americans can boast of.

"Let me assure you most solemnly, that I do not make these statements for display, or to enhance my own importance in your estimation. So far from it, I would willingly have shrunk from the task of even doing myself justice. But the times are portentous of evil, and quackery, in one shape or another, is overrunning the land, so that the strangest fabrications are afloat calculated to dazzle or blind the most intelligent minds; assertions bearing all the stamp of certainty upon their front are boldly and unhesitatingly made, which if not as peremptorily denied are likely to be received as truths, by those who would be unwilling themselves to

‘Distort the truth, accumulate the lie,
And pile the pyramid of calumny.’

"My object, then, from beginning to end of this discourse, has been to speak for myself, well knowing that now-a-days, every man must do that, or not be spoken for at all, and like John Randolph's butter, must be old enough and strong enough to take his own part. 'Johnny,' said a pedagogue, 'you have always been the best boy in my school, and never told me a lie in your life; come, then, my little man, speak out, and let me know who threw that pound of butter against the wall, for not one of those big fellows will say a word.' 'You had better,' said Johnny, 'ask the butter, it is old enough to speak for itself.' Now you will meet with many, no doubt, disposed to represent me as old, 'stale, flat and unprofitable' as that butter. Be this as it may, however, one thing is certain—that I never intend, if speaking for myself can prevent it, 'to go to the wall.' "

Deformities of the Wrist, from Fractures.—A New-York correspondent has conferred a favor in furnishing the Journal with Dr. Mott's clinical observations in regard to that unsymmetrical appearance of the wrist which is often noticeable after the re-union of the radius, and sometimes of the ulna, when fractured near their lower extremities. Every surgeon of extensive practice, it is presumed, has long since arrived at the conclusion that they are difficult bones to re-shape under such circumstances. Although we do not now recollect what Dr. Warren or Dr. Hayward may have said on this subject, in their lectures, it is quite certain that they are familiar with the anxieties of a surgical attendant, and have doubtless often warned their pupils of this condition of the bones of the wrist, as of all other untoward things that may occur in the management of broken bones. Dr. Howe, of Jaffrey, the able president of the Medical Society of New Hampshire, has, with characteristic ingenuity, invented an apparatus expressly for fractures of the bones entering into the composition of this joint, which was exhibited at the late Fair in this city. His remarks, in the course of an explanation upon the advantages to be derived from this instrument, not only left an impression that he considered a deformity very likely to follow a fracture at that place, but that he felt a strong desire to ascertain whether such a result could not be obviated by some mechanical device, which was yet a desideratum in surgical practice.

Bloomingdale Orthopedic Institution.—Within a short time these domestic hospitals, with a new name, the meaning of which seems to be imperfectly understood where it is most desirable to be informed, have sprung up in the principal Atlantic cities, and flourish with surprising vigor. Their success is solely owing to the generally supposed fact, that they are conferring a great benefit on the community. The gentlemen who conduct them, become expert in operations, from the frequency with which they are performed; and providing themselves with a multitude of apparatus, of the most ingenious construction, are able to meet all sorts of deformities. Although the general hospitals throughout the country are amply provided with all the conveniences that it is possible for any individual to collect, there are patients who will always prefer private accommodations, and the services of a surgeon of their own choice, to any great institution, however high its reputation. Again, people have their likes and dislikes to men, without regard to their professional skill or attainments; and this, and often this alone, is the secret of one man's success over another of equal experience and learning, residing in the same street. The Bloomingdale Orthopedic Institution is the creation of Dr. Mott, the reading of whose circular led to these reflections. That Dr. M. is an accomplished surgeon, no one thinks of questioning. Let him be where he will, business will follow—and we have no doubt, therefore, the institution under his charge will be eminently successful.

New Works in London.—Pereira's *Materia Medica*, the new edition, thoroughly revised, will be ready on January the 1st.—Liston's *Elements of Surgery*, greatly enlarged, with nearly one hundred wood engravings, and three copper-plates, the second edition.—*Practical and Surgical Anatomy.* By W. J. Erasmus Wilson, Lecturer on Practical and Surgical Anatomy and Physiology.—*The Principles of Midwifery, including the Diseases of Women and Children.* By John Burns, M.D., F.R.S., Re-

gius Professor of Surgery in the University of Glasgow, &c. &c.—Human Physiology. By J. Elliotson, M.D., F.R.S.—New edition of Dr. Holland's Medical Notes, in one vol., 8vo.

MARRIED,—At New York, W. Sutton, M.D., to Miss H. A. Lock.—At Philadelphia, Dr. Joseph Hopkinson, U. S. N., to Miss J. L. McCrea.—At Raleigh, N. C., Johnston Jones, M.D., to Miss M. A. Stewart.

DIED,—At Pinckneyville, Miss., Dr. Webb, by shooting himself through the head.—At Newburn, N. C., George Saunders, M.D., 30—At New Orleans, Dr. Samuel W. Ruff, U. S. N.—On board the sloop of war Ontario, at sea, Oct. 2^d, Edward McKinley, M.D., Assistant Surgeon U. S. N., of Philadelphia.—In Hart Co., Ky., Dr. William P. Savage, in his 26th year.

Number of deaths in Boston for the week ending Dec. 4, 34.—Males, 26; Females, 14. Stillborn, 2.

Of consumption, 9—child-bed, 1—scarlet fever, 7—infantile, 3—lung fever, 3—dropsy, 1—burn, 1—disease of the spine, 1—diarrhœa, 1—teething, 1—old age, 1—scrofula, 1—measles, 1—croup, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Nov.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm.	P.M.	Therm.	Barom.	P.M.	Barom.			
1 Mon.	55	67	61	29.75	29.66	29.60	S W	Fair	Indian summer. Continues mild and pleasant weather.
2 Tues.	58	59	59	29.40	29.27	29.26	S W	Rain	
3 Wed.	44	62	62	29.30	29.18	29.17	S W	Fair	
4 Thur.	37	47	46	29.10	29.11	29.10	N W	Fair	
5 Frid.	42	42	43	28.90	29.08	29.66	S W	Cloudy	.32 inch of rain.
6 Satur.	37	42	42	29.15	29.25	29.32	N W	Fair	
7 Sun.	36	40	40	29.52	29.55	29.55	N W	Fair	
8 Mon.	32	36	38	29.55	29.34	29.31	S E	Rain	Snow storm commenced 8 A. M., and continued with rain through the day. .42 inch of rain and 4 inches of snow.
9 Tues.	36	43	39	29.70	29.80	29.83	N E	Fair	
10 Wed.	31	48	34	29.94	29.93	29.91	N	Fair	
11 Thur.	22	49	42	29.80	29.66	29.60	N W	Fair	
12 Frid.	32	37	37	29.26	28.98	28.90	N E	Rain	.43 inch of rain.
13 Satur.	35	44	41	28.78	28.82	28.88	N W	Cloudy	Snow squall at 3 P. M.
14 Sun.	34	46	46	29.63	28.96	28.93	S W	Fair	Rain in the night. .17 inch fell.
15 Mon.	36	42	40	28.82	28.77	28.76	N W	Cloudy	High wind.
16 Tues.	26	32	30	28.92	28.86	28.90	W	Fair	
17 Wed.	31	32	36	29.63	29.05	29.05	W	Snow	
18 Thur.	24	36	31	29.14	29.26	29.22	N W	Fair	Aurora borealis, continuing very brilliant through the night.
19 Frid.	26	36	33	29.40	29.43	29.47	N E	Cloudy	
20 Satur.	34	36	35	29.30	29.31	29.33	N E	Rain	.98 inch of rain in the night.
21 Sun.	35	3	44	29.50	29.52	29.54	N W	Fair	
22 Mon.	36	41	42	29.48	29.29	29.19	E	Rain	.88 inch of rain.
23 Tues.	47	48	44	29.10	29.20	29.24	N W	Fair	
24 Wed.	30	39	40	29.35	29.39	29.43	S W	Fair	
25 Thur.	34	40	38	29.57	29.56	29.41	N W	Fair	Rain and snow in the night.
26 Frid.	32	34	34	29.10	29.03	29.03	N E	Rain	
27 Satur.	23	26	24	29.27	29.36	29.42	N W	Fair	
28 Sun.	24	26	28	29.72	29.76	29.78	N W	Cloudy	Snow in the night—high wind.
29 Mon.	20	22	22	29.50	29.35	29.32	N E	Snow	.22 inch of rain.
30 Tues.	18	28	26	29.55	29.62	29.63	N W	Fair	6 inches of snow fell.

The weather during the month has generally been fair and warm for the season. The thermometer has ranged from 18 to 64; barometer, from 28.76 to 29.94. Fall of snow, 10 inches; rain, 4.17 inches.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by	-	-	-	-	-	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	-	-	-	-	-	WILLIAM SWEETSER, M.D.
Obstetrics, by	-	-	-	-	-	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	-	-	-	-	-	PARKER CLEAVELAND, M.D.

The Library contains about 3000 vols. principally modern works.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1841.

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No. 19.

DR. PAINE'S INTRODUCTORY LECTURE.

[Continued from page 286.]

SINCE, therefore, every disease consists fundamentally in some alteration of the properties of life, you will at once perceive that physiology is the most important element of medical education. Its knowledge necessarily involves that of anatomy, and all practice, which does not constantly refer to the tissues diseased and to the modified conditions of the vital properties, is purely empirical. Empiricism, however, may be of an enlightened nature under the direction of *rare* genius; but, in all other hands, it embarrasses nature, and is a curse to mankind. Of this you will meet with demonstrations in your professional intercourse. You will also occasionally witness the triumph of mind over the most absolute defects of education. In all such instances, however, you will see it glancing at the whole array of symptoms, and forming its conclusions from nicely balanced combinations of the whole with that store-house of experience which is garnered up as a necessary guide to the solution of every new problem. These problems are as various as every case of disease, and as every variation it may undergo during its decline, or in its advances to a fatal termination. Thence is it, that without our fundamental requisites, genius, combined with observation, must be often at fault; and it may be difficult to say whether its success will compensate for its failures and mistakes.

But, qualifications of this order are rare examples, and the most usual consequences of deficiency in anatomical and physiological acquirements, are the most appalling ignorance of disease and a frightful destruction of human life.

Let us call up another large and better class of practitioners—educated, and often erudite men, but who make not a proper application of their knowledge—as was well said of Broussais, on Monday evening. The special evil with this class, if we except the Broussaïans, consists in not regarding the properties of life as they are naturally modified in the various textures of the body, and in not considering disease as consisting essentially in morbid alterations of these properties. This class embraces many of the most distinguished men of our age, and their train of followers, especially in Europe, makes up no small part of the profession. They have generally but an imperfect apprehension of the properties of life, and whilst they allow of their existence—nay, more, whilst many of them maintain the extraordinary doctrine of their existence in the

elements of matter, by the strangest contradiction, and in violation of that fundamental principle in philosophy which prohibits an unnecessary multiplication of causes, they maintain that all the great vital processes, all the secretions, &c., are carried on by the forces which govern dead matter, and of which the *chemical* are supposed to be mainly instrumental.

This doctrine shuts out, *of course*, all true pathology; and yet are these the philosophers who are now most ardently engaged in developing those lesions of organization which result from morbid processes, but in the production of which it would seem to be sufficiently obvious that totally different causes have been concerned, than such as prevail in the inorganic world. Many of them have also gone back to an opinion which prevailed in the dark ages, that all disease consists essentially in a primary lesion of organization, but without revealing to us any more than their benighted ancestors, how those changes of structure come to pass. But, as if for the *purpose* of multiplying causes, and of placing them in the same relative contradiction in which they have arrayed the vital and chemical forces, they have also gone back to the humoral pathology, and whilst they tell us that the essential cause of disease consists in a lesion of organization, which is independent of all agency of the vital properties and of the forces of chemistry, they also affirm that its essential cause consists in a vitiated state of the blood. I will not now tell you of the practical conclusions which have been founded upon this utter confusion of causes.

The *physical* doctrines of life have had their sway at various eras, though especially characteristic of our own age; and the humoral pathology had been an appendage of almost every system till the beginning of the last century. It was then that *solidism* began to rise with the radiant beams of *that vitalism* which gave animation to medicine from Hippocrates to Celsus, and before which the humoral pathology was but as a *withered weed*, until finally, after many centuries of stunted growth, it was plucked up and forgotten. The appearance of Hunter and Bichat swept away every vestige of that philosophy which had so often disfigured the science of medicine. Tiedemann, and other illustrious vital physiologists, followed in the wake. You may know their philosophy by a single passage from the great German physiologist. "Already," he says, "it has been more than once attempted to deduce life from the laws of mechanics, physics, and chemistry. This error has been committed," he goes on, "by physiologists and physicians of the iatro-mathematic and iatro-chemical schools. But, in every age, distinguished naturalists discovered this error and opposed it."

"Among *physical* people," says Hunter, "we find such expressions in *common* use, as, the humors are affected in the blood; sharp humors in the blood; the whole blood being in a bad state; the whole blood must be altered, or corrected; and a variety of such expressions, *without meaning*. They even go so far as to have hereditary humors, as *gout*, *scrofula*, &c., and make us the *parents* of our own humors, saying that we *breed bad* humors. In short, the *whole theory* of disease has been built upon the supposition of humors in the blood, or of the *blood itself being changed*. I cannot conceive," he adds, "what is meant by it." But,

what Hunter avows he could not comprehend, is now consecrated as the *science* of medicine.

But perhaps Hunter was dull of apprehension, though he studied organic nature more extensively, and more laboriously, than any other man, before or since. If we consult the opinion of Bichat upon the same physical doctrines of life and disease, we shall still find that their successors are apt to consider dulness of apprehension to consist in the ratio of genius and observation. "To *what errors* have not mankind been led," says Bichat, "in the employment and denomination of medicines? They created *deobstruents*, when the theory of *obstruction* was in fashion—and *incisives* when that of the *thickening* of the humors prevailed. The expressions of *diluents* and *attenuants* were common *before* this period. When it was necessary to *blunt* the *acrid* particles, they created *inviscants*, *incrassants*, &c. Those who saw in diseases only a *relaxation* or *tension* of the fibres, the *laxum* and *strictum* as they called it, employed *astringents* and *relaxants*. *Refrigerants* and *heating* remedies were brought into use by those who had a special regard in diseases to an excess or deficiency of caloric. The same *identical* remedies have been employed under *different names*, according to the *manner* in which they were supposed to act. *Deobstruent* in one case, *relaxant* in another, *refrigerant* in another, the *same* medicine has been employed with all these opposite views; so true is it that the mind of man gropes in the dark, when it is guided only by the wildness of opinion."

But, what Bichat thus describes as having only *successively* prevailed at different eras of medicine, is now bodily incorporated into the science, and constitutes, in Europe, especially, its whole essential feature. Were this kind of medicine truly founded in nature, you readily perceive that it would be useless for me to do more than simply to state the facts, and that my course of instruction might properly terminate with this introductory lecture. There would be *no principles*, *no institutes*, *no laws*, *no variety* to expound; and we might lie down at once with Brandreth and Morison.

Bichat, having drawn the portrait of his predecessors and of many contemporaries, which I have just exhibited to your observation, is then led to apostrophize:—"Hence," he says, "the *vagueness* and *uncertainty* our science presents at this day. An *incoherent* assemblage of *incoherent* opinions, it is, perhaps, of all the physiological sciences, that which best shows the caprice of the human mind. What do I say? It is *not* a science for a *methodical* mind. It is a shapeless assemblage of inaccurate ideas, of observations often puerile, of deceptive remedies, and of formulæ as *fantastically* conceived, as they are *tediously* arranged."

Such, then, was also Bichat's obtuseness of apprehension. But, gentlemen, neither Hunter, nor Bichat, nor Tiedemann, nor any of their great compeers in the investigation of nature, were the *dunces* which the hypotheses of our own day would declare them. An *Augean* work was then accomplished by a *stream* which may be now and then obstructed, but which will forever break up the barriers, and sweep away the offals that may accumulate in the dry channel below.

Hunter expounded, more amply than his predecessors, the doctrines of

life, and founded upon them the only true systems of pathology. His masterly analysis of inflammation exemplifies the whole range of disease, and its philosophy lies at the foundation of the whole; though I by no means intend to imply that all diseases are inflammatory. But, if it be true that inflammation is essentially constituted by morbid changes of the vital properties and functions, then may the same affirmation be made of every other deviation from a state of health. This will be rendered apparent hereafter, when I come to speak at large of the laws and the analogies of nature. It was Hunter, also, who first disclosed the modifications or peculiar conditions of the properties of life in their relation to different organs, and the different tissues of the same organ.

Scarcely had this extraordinary man disappeared, when Bichat took up the great subjects, and carried the whole world before him. His doctrine of life, and the pathology which is founded upon it, recognizes no physical agencies beyond those foreign causes which maintain the vital powers in operation, or which convert them from their natural to morbid conditions. He analyzed the vital principle more extensively than had been done by Hunter, and though deeply indebted to this philosopher, he pays no tribute to his unexampled labors or his exalted services. But nothing can impair the claim which mind establishes to its own property. It is as immortal as the spirit which gives it birth; and though it be for ages entwined in the laurels of others, it will ultimately light on the memory of him who enriched mankind in enriching himself.

Bichat, however, makes the capital and contradictory mistake, like most other vitalists, of regarding life as an *effect*, or as consisting of the assemblage of those phenomena which result from the operation of the vital properties, in their connection with the instruments of action. This construction, as we shall see hereafter, is not only philosophically wrong, but practically bad. If, for instance, life be made up of the *functions* of organization, we should regard disease with a simple reference to the functions, and these are so clearly *effects*, there would be no tangible cause through which our remedies might operate, whilst no office appears to be assigned to the admitted vital properties. But, as there must be clearly *something* altered from its natural state anterior to functional derangement, we must allow that the primary cause consists in a change of the properties which preside over the functions.

Bichat, however, was sometimes inconsistent, and perhaps more so upon the great subject before us than upon any other; for, although he endeavors to show that life is constituted by the functions, he argues that disease (which is only an unnatural state of life), is constituted by a morbid change of the vital properties. Nay, in the following extract he makes life itself to consist in the vital properties, and regards the functions merely as *effects*, of which the vital properties are the *cause*. Thus:—

“Examine,” he says, “*all* the physiological and *all* the pathological phenomena, and you will see that there is *no one* which cannot be ultimately referred to some one of the vital properties of which I have just spoken. The *undeniable truth* of this assertion,” he goes on, “brings us to a conclusion *not less certain* in the treatment of diseases—namely, that every curative method should have for its object the restoration of the

altered vital properties to their natural type. Every remedy, which, in local inflammation, does not diminish the augmented irritability; and which does not diminish animal contractility in convulsions, and elevate it in paralysis, fails in its object, and is contraindicated."

Here, then, Bichat teaches the philosophy which will be fundamental in *my* lectures. It was essentially at the foundation of all *his* pathological writings; and it is therefore the more remarkable that he should have been so speculative and contradictory when treating specifically of life.

Bichat's career was brilliant, and though dead at 31, he lived, like Hunter, to enjoy the ripest fame. He was, however, but a meteor-light; dazzling for a moment, and *then* extinct. He was one of the last of a galaxy, who had so illuminated the field of medical philosophy, as left but little else for the aspirations of ambition—following the beaten path of nature—than to accumulate facts and to arrange them under established principles. This occupation is too humble for the restive ardor of genius, and too servile for the purposes of renown; and facts had already amounted to an encumbrance. It is not, therefore, remarkable, that when the great work had been brought near the verge of completion, giants should spring up to overthrow the fabric, and erect a new edifice upon its ruins. The revolution began simultaneously in different parts of Europe, and under different aspects. But, so many powerful and ambitious minds had been in operation for ages, ingenuity had not only exhausted fundamental principles, but every imaginable hypothesis. The former being the last in the series, it only remained to reproduce exploded and forgotten doctrines. The most important of these were the physical and chemical doctrines of life, and the humoral pathology. Chemistry, too, was now in the ascendancy amongst sciences; and the brilliant discoveries which it was pushing in the inorganic world promised a harvest of *fiction*, if not of *fact*, in behalf of the crude hypotheses of darker ages. Physiologists, therefore, became practical chemists, and chemists became speculative physiologists; and for more than twenty years past, the study of organic life, and the philosophy of disease, have been mainly carried on in the test-glass and crucible. The blood, the secretions, and every part of the animal fabric, have again and again passed the ordeal of the laboratory, in the vain expectation of discovering the springs of life, or the essence of disease. The laboratory now copes with nature in its artificial compounds for the digestion of food, and the very furnace is brought into operation to manufacture a fluid which, it is pretended, is not inferior to that product of the stomach which results from an organization as various as the species of animals, and according to their habitudes in respect to food, and whose contrivance for this specific, variously modified *vital* fluid, required the Mind of an Almighty Being. And this is but a *fair* example of the modest ambition of chemistry.

But, *who* are the philosophers that thus invade the sanctuary of life? Learned, laborious, and useful; but are they familiar with organic beings? Do they study their phenomena? Can they tell you a *stomach* from the bladder, when both are before them? Can one in a thousand distinguish pneumonia from enteritis? The replies are too obvious to be stated. They *live in the laboratory*, which, in their estimation, monopolizes all

the vitality that is worth a philosopher's attention. They will solve you any of the most hidden secrets of organic beings. Are you curious to know how the various unique constituents of the bile are elaborated out of blood? Nothing, say they, is easier. Here are they all—picromel, cholesterine, asparagin, ozmazoine, resin, bovin, oleate, acetate, margarate, cholate, bicarbonate, phosphate, sulphate and hydrosulphate of soda, potash, &c.—all here in the blood—when, in simple truth, not one of them have an existence in that fluid. So is it admitted by some of the chemists, and so is it proclaimed by the laws of organic beings. They are no more in the blood than is the poison of the viper or the ink of the cuttle fish.

Then the *admirable* simplicity of the manner in which we are told these exact constituents are separated from the blood to make up the bile—whose final causes illustrate so strikingly the evidences of design, is worthy our special notice; though it may be rationally supposed, that since the constituents are assumed to exist in the blood, it is also assumed that they are merely mechanically strained off by the liver; whose organization is as various and as specific as the hundreds of thousands of animals whose species are distinct. It was undoubtedly owing to prevailing doctrines of this nature, that many distinguished chemists, whom I have quoted on another occasion,* have let slip the severest censure of the chemical and physical doctrines of life—even such as practise organic chemistry in defiance of their acknowledged and direct opinions to the contrary. They universally allow, indeed, that “the laws of inorganic chemistry are *utterly inapplicable* to the phenomena of life;” and that, though “there is a chemistry of life, of that chemistry we know *nothing*.” It is therefore all assumption; and this reputed “chemistry of life,” of which it is admitted the chemist “*knows NOTHING*,” is exactly the thing of which the physiologist professes to know *SOMETHING*.

Confining ourselves to philosophers who are entitled to our profound respect, you will readily concede that Bichat comes far within the limit which is here prescribed, and that his opinion should *also* weigh in proportion to the decision with which it is given. Let us, then, hear the great French philosopher.

“The organic chemistry of the *laboratory*,” he says, “is the *dead* anatomy of the fluids, not a *physiological* chemistry. The physiology of the fluids should be composed of the *innumerable variations* which they experience according to the different (vital) states of their respective organs.” “The instability of the vital powers is the *quicksand* on which have sunk the calculations of all the physicians of the last hundred years. The habitual variations of the *living* fluids,” he adds, “*dependent* on this *instability* of the powers of life, one would think, should be no less an obstacle to the *chemical* physicians of the present age.”

“Again, had *physiology* been cultivated by men *before physics*, I am persuaded that many applications of the former would have been made to the latter. Rivers would have been seen to flow from the tonic action of their banks, crystals to unite from the excitement which they exercise upon their reciprocal sensibilities, and planets to move because they mu-

* See Medical and Physiological Commentaries, Vol. 1st, pp. 36—40, 75, etc. Vol. 2, p. 114—122, etc.

tually irritate each other at vast distances. All this would appear unreasonable to us, who think of gravitation only in consideration of these phenomena. And why should we not in fact be as ridiculous when we come with this same gravitation, with our chemical affinities and chemical compositions, and with a language established upon their fundamental data, to treat of a science with which they have *nothing whatever to do*. Physiology would have made a much greater progress, if all those who studied it had set aside the notions which are borrowed from the accessory sciences as they are termed. But these sciences are *not* accessory ; they are wholly strangers to physiology, and should be banished from it wholly.” “To say that physiology is made up of the *physics* of animals, is to give a very absurd idea of it. As well might we say that *astronomy* is the *physiology* of the stars.”

[To be continued.]

ON STAMMERING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The indiscriminate resort to surgical operations for the relief of stammering, would seem not only to justify but demand a more critical investigation into the pathology of this affection. The writer having witnessed more than fifty such operations, within the last few months, with very unsatisfactory results, has been led to examine more carefully into the real nature of the disease, in order to ascertain, if practicable, why, in a few cases, surgery has been able to effect a perfect cure ; while in some others it has afforded partial relief ; and why, in a large majority of cases, no beneficial effects whatever have followed. It appeared very evident that if the pathology of the disease was simple and uniform—in other words, if the impediments of speech were always the same—similar treatment would always be attended with the same result, especially if the cause was mechanical. For example, if stammering was invariably the effect of enlarged tonsils, elongated uvula, or contracted genio-hyo-glossi muscles, then the excision or division of these parts ought always to afford relief. But such, we find, is not the case. Out of more than fifty cases in which the genio-glossi muscles have been divided, the results have been, as near as I can ascertain, as follows :—In two or three, a perfect cure was effected ; in about a dozen, partial relief, for the most part temporary, followed ; in the remainder, no effect whatever was produced. In about twenty cases, where acupuncture of the tongue was practised, by passing four or five needles laterally through the centre of the organ, the operation produced striking temporary relief, but in every instance the stammering was in a short time as bad as ever. In a few cases, the uvula and tonsils were removed, without any particular beneficial effect. The pathology of the affection, then, is not always identical. Can we ascertain, *a priori*, what the true pathology of any particular case is ? If so, something will be gained, for we shall then be able to form a proper estimate of the probable results of an operation.

1. An examination of the organs of speech, the results of surgical opera-

tions, and the phenomena of stammering, all prove that it is generally the result of a moral and not a physical cause. What proves this, moreover, still more incontestably, is the fact that under certain circumstances the speech is perfectly free. But symptoms occasioned by organic defects are permanent. Most stammerers can sing with ease, or read poetry fluently, and even speak without impediment when alone; all which shows very conclusively that there is no defect in the organs. Careful examination leads to the same conclusion. We discover no difference in the size or shape of the tongue, in its muscles or ligaments, in the teeth, tonsils or uvula; and where such malformations do exist, we find that although they may cause peculiarities and alterations of pronunciation, they rarely produce the characteristic symptoms of stammering. Upon occasions of excitement, the stammerer often speaks with perfect fluency and facility, which would not happen if the impediment were not owing solely to mental causes.

2. Stammering is an affection of a complicated character, originating in the irregular action of the nerves of the organs of speech. We find that the enunciation of the vowels, which merely requires an open state of the glottis, and hence but one kind of muscular action, is not difficult; but the utterance of the consonants, or compound sounds, which requires several distinct and successive combinations of a variety of muscles, always occasions stammering. The most important organ of speech, then, is the *brain*; for it is this that combines and directs all voluntary motions, and disturbing causes, not local and permanent, can only affect the speech through the medium of this organ. The idiot does not speak for want of ideas; the public speaker sometimes stutters for the same reason, or because his ideas are confused or ill-arranged. In cases of apoplexy or other diseases of the brain, the voice is either wholly lost or becomes incoherent, imperfect and deranged; and we see the same thing happen, sometimes, when a person is called upon unexpectedly to address a public audience. Dr. Jackson, of Philadelphia, has published three cases of total loss of language, vocal and written, temporarily produced by cerebral congestion, and unattended with any other functional disorder, in one of which, speech was immediately restored by copious bleeding. In all such cases, of course, the organs concerned in the mechanical process of voice and speech preserve their entire integrity. We hence conclude that irregular action of the brain is the indispensable antecedent or cause of stammering. This affection is not confined to the organs of speech. A person affected with chorea or St. Vitus's dance, stammers with all the voluntary muscles; and so also does a person when unexpectedly beset with danger. It is not unusual for a dancer, if his attention is strongly attracted by some other object, to stammer with his feet. The cause, however, is to be found in the irregular nervous impulse sent from the brain. In cases of stammering, we can generally trace a conflict, or absence of co-operation among the active faculties, necessarily giving rise to a plurality instead of a unity of nervous impulses, and consequently to a plurality instead of a unity of simultaneous muscular combinations. We see this illustrated by the effects of spirituous liquors. When used moderately, they promote fluency of speech by gently stimulating the

functions of the brain ; but when carried to excess, they produce confused and marked stammering, by disturbing the organ of the intellect.

3. If the above views are correct, the cure of stammering is not to be sought in a surgical operation, but in removing the exciting causes, and bringing the vocal muscles into harmonious action by patient exercise. The great success which has attended Mrs. Leigh's system of treatment of such cases, is another proof that the cause of stammering does not consist in malformation of the organs. The whole secret of her success seems to consist in judicious moral training ; in directing the attention of the patient to the existence of those opposite emotions which seem to occasion the affection, by inspiring him with friendly confidence, and by constant practice to bring the muscles of the voice into easy, simultaneous and systematic action. Much may be done by increasing the natural difficulty, so as to require a strong and undivided mental effort to accomplish the utterance of a sound, and thereby add to the amount of nervous energy distributed to the organs of speech, as in the instance of Demosthenes. The patient also should exercise himself when alone and free from emotion, in talking and reading aloud, and for a length of time. In some cases this affection is accompanied by symptoms of general debility, like most other forms of nervous disease, and requires a course of tonic treatment, such as cold bathing, nourishing food, country air, regular exercise, cheerful society, &c. If such treatment does not prove successful, we need expect nothing from an orthopedic operation.

4. A violent shock to the nervous system, such as acupuncture of the tongue, extracting a tooth, dividing the genio-hyo-glossi muscles, &c., will generally bring temporary relief in cases of stammering, and they may in some instances effect a perfect cure, by inspiring the patient with the belief that he is cured, and that the cause of his vocal impediment is effectually removed. All that seems to be wanting, in many cases of stammering, is a confidence on the part of the patient that he has perfect command of the organs of speech ; and when he has acquired this assurance, the impediment is found to be removed. In this manner only can we account for those sudden and almost instantaneous cures effected by Mrs. Leigh and Dr. Yates of New York ; and in this way would I explain the success which has now and then attended the division of the genio-glossi muscles as practised by Dr. Mott, or the removal of the uvula and tonsils as performed by Dr. Yearsley of London. It is absurd to say that the division of the genio-glossi muscles gives greater mobility to the tongue, for they are the only muscles by which the tongue is elongated or thrust out of the mouth, as I have repeatedly noticed after they have been cut. In the course of a few days the muscle unites, and the patient is again able to extend the tongue, but not as far as formerly, for the muscle contracts in the part where cicatrization takes place.

That stammering is not caused by enlarged tonsils, or elongated *uvula*, or lax *velum palati*, we know ; for we see cases of these affections every day where the voice is not in the least affected. That it is not owing to "spasmodic closure of the glottis," as maintained by Arnott, in his work on Physics, is evident from the ease with which the vowel sounds are ut-

tered; and that it does not arise "from the patient endeavoring to utter words when the air in the lungs is exhausted, and they are in a state of collapse or nearly so," as stated by Dr. M'Cormac, is equally evident from the fact that the patient stammers equally as bad when the lungs are inflated, as when empty, or partially so. Were the latter theory correct, a person should never stammer during attempts to speak after a full inhalation; but we know that the contrary is the fact. Dr. Bostock has published a case of stammering cured by the long use of cathartics; and Esquirol mentions an instance where a dumb man, who had long endured contempt and bad usage from his wife, being one day more grossly maltreated than usual, got into such a furious rage that he regained the use of his tongue, and repaid with usury the execrations which had been so long lavished upon him. This also shows how closely the brain influences speech. As the individual advances in age, the infirmity, for the most part, wholly disappears. It is more marked in the morning than in the evening; and in an infirm, than a rugged, state of health.

My object in this communication is, however, merely to call the attention of the profession to a few circumstances which seem to me to render a surgical operation inexpedient for the relief of this affection. Dieffenbach, the originator of the orthopedic treatment of stammering, has lately abandoned it, and the results of the operations, so far as known to the writer, in this country, do not seem to authorize its continuance here.

December, 1841.

MEDICUS.

LABOR PAINS PRODUCED BY A FOREIGN SUBSTANCE IN THE RECTUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On the 23d of July I was called to Mrs. S——, who was said to be in labor. I found her very feeble, pulse 100, tongue slightly coated. She complained of much pain in the lumbar region, and slight attempts at motion produced spasms there. She said she was advanced seven months and a half. Since midnight she had had labor pains, but irregularly. On examination per vaginam, I found several tumors occupying the posterior parietes, the os tinæ beyond reach. Venesect. to twelve ounces; forty minims acet. tinct. opii. She said her bowels were quite free, having taken physic the day previous. I left her for a number of hours, and on returning could perceive no material difference on examination. The pain was less since bleeding and opiate. In the course of the afternoon I returned, and found the pains rather strong, pretty regular, and expulsive. Still the os tinæ was beyond reach. Tumors filled great part of the vagina, hard as cartilage, and entirely unyielding. I suspected something was wrong about the rectum, and on examination found a large mass, hard, dry and uneven. After considerable effort, I succeeded in breaking off a piece and extracting it. I ascertained that the mass consisted of a vast quantity of *cherry stones*, very firmly agglutinated. After removing all that was possible, I threw up an enema, which induced evacuations containing an enormous quantity of the same.

She had eaten largely of cherries some time previous, and, in conformity with a popular but most erroneous impression, swallowed the stones to prevent mischief. The uterine pains now gradually subsided, and although much exhausted, the patient by degrees returned to her usual state of health.

This case shows very clearly that foreign substances in the rectum may stimulate the uterus to something like natural labor. It is worthy of remark, however, that the pains were all along expulsive; indeed, at one time so much so, that the patient appeared like one in the very last stage of healthy labor. I may add that, a few weeks after, the patient was delivered of a dead child.

The cause of the difficulty in reaching the os uteri was occasioned by a most extraordinary anterior obliquity of the uterus, to such a degree that the os uteri rested firmly on the anterior face of the lumbar region.

Bradford, Vt., December, 1841.

H. HAYES.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 15, 1841.

REMOVAL OF THE SUPERIOR MAXILLARY BONE.

THIS formidable operation was performed at the Massachusetts General Hospital, by Dr. J. C. Warren, on Saturday, Dec. 4th. The patient, John Farland, had been afflicted some months with the cephalomatous species of carcinoma, commonly known as fungus hæmatodes. The malignant tumor commenced in the left antrum, protruded into the left nostril, breaking down the ossa palati, filling the nasal fossæ, and pressing upwards the inferior orbital plate. The patient being aware of the nature of the operation, and the chance that it offered for his restoration, submitted to the extirpation of the whole of the disease, with the entire superior maxillary bone, which was effected in the following manner.

The patient being seated in a chair, his head supported, and compression made upon the carotid arteries, an incision was made from the outer angle of the eye to the angle of the mouth, and the flap dissected towards the alæ of the nose, and continued higher up over the cartilages and between the orbit and the eye. The outer flap was dissected in the opposite direction, until the masseter muscle was uncovered, and cut away from the malar bone, about one half of its extent. The orbit was then perforated, and the malar bone cut through. The nasal process of the superior maxillary, near its junction with the sphenoid and ethmoid bones, was next separated; a tooth was removed, breaking down the anterior wall of the alveolus, and the back part was cut through with the forceps. A strong-pointed knife was introduced into the patient's mouth and the soft palate skilfully separated from the palate bones, and the os maxillare detached from the pterygoid process of the sphenoid bone. After the division of the supra maxillary nerve and artery, which was accomplished by cutting from behind forwards, the remaining attachments being slight, the entire mass was removed with but little difficulty or delay. The internal maxillary artery was secured, with a branch of the facial; and the

patient, considering the length of the operation, which occupied nearly an hour, suffered less from loss of blood than was anticipated, and is now doing well.

Notwithstanding the frightful cavity made by the removal of this disease, the deformity will be but trifling, should no untoward event occur during the process of uniting the divided parts.

Surgical Operations in Boston.—Although so circumstanced that we cannot avail ourselves of the opportunity of witnessing the various operations at the Massachusetts General Hospital, which ordinarily take place on the forenoon of each Saturday, we hear that the skill and ingenuity of the surgeons were never more satisfactorily exhibited, than at the present time. A principal object in this paragraph, is to impress on the minds of medical gentlemen who happen to be in the city on Saturday, the importance of attending at these surgical operations, which will make no very severe draft upon their time. Such are the railroad facilities of Massachusetts, that medical students, even as far off as the Pittsfield Medical School, might come into the city on Friday evening, see and hear all that might take place in the operating room the following morning, attend a clinical lecture, &c., and have ample time for travelling home with comfort and convenience in the afternoon. If our country brethren would avail themselves of these opportunities for refreshing their memories, by frequently witnessing operations, they would receive permanent benefit, and the effect also would be especially beneficial in their circle of practice, from a familiarity with such varieties of tumors, fractures, dislocations, &c., as would be brought under their observation on the regular operating day in a great institution.

We are asked why we do not have regular reports of all that transpires in the surgical theatre? as though it were a very easy matter to keep an accurate account of every transaction. In the first place, it is extremely difficult to obtain the services of those who have the exact kind of tact for reporting. A tyro will not answer: the reporter must understand not only the anatomy of the region which is the seat of the disease or operation which he is to describe, but he is required, too, to exercise some evidence of good judgment in regard to the propriety of the operation, the prospects of the patient, &c., all of which can only be found in an advanced pupilage, at least, combined with rapidity of thought, accuracy of detail, and faithfulness to the interests of science and humanity.

Rising to Medical Distinction.—Merit, too often, has nothing to do with acquiring business in the medical profession. There are scores of physicians in Boston, New York, Baltimore and Philadelphia, of the highest literary and scientific attainments, refined in character, excellent at heart, and unexceptionable in morals, who will never earn enough in visiting the sick, to keep themselves decently clothed. On the other hand, more than a dozen prominent medical ignoramuses, coarse in manners, rude in speech, without even the exterior of gentlemen, are sought after with avidity—and quite to their own astonishment they are forced into public notice, forced into extensive practice, and great fortunes are forced into their pockets. Without any circumlocution, for it is a plain matter of fact, merit frequently goes a-begging, and ignoramuses are transformed into philosophers by a little of what the world calls *tact*. If a man has

not the tact for applying his knowledge to the good of society in the profession of medicine, he had better quit the business—for it is impossible that he should succeed. It sometimes happens that ready wit, which is always a happy qualification, supplies the place of profound attainments, and such men are decidedly fortune's favorites.

In the tenth chapter of Lady Blessington's *Idler in France*, she speaks of the celebrated Dr. P., now rising of 80, who went to Paris, from the country, to seek his fortune. While lying in bed and thinking over his desperate condition, he devised a plan. He walked the streets and noted down the address of the most respectable looking houses, and then got a porter to knock and inquire if the celebrated Dr. P. was there, as his presence was required immediately at the hotel of the Duc de ——. Twenty porters were sometimes despatched at once. He next had the people called up at night, to inquire if the celebrated Dr. P. was there. This scheme worked admirably—he was soon amply supplied with calls, and the money rolled in, in generous fees. Success begets ambition: he got tired of *bourgeoisie* practice, and sighed for *la haute noblesse*, which he also obtained by his wit and tact. The *femme de chambre* of a great lady consulted him, describing symptoms enough to baffle all the schools in christendom. He discovered that nothing ailed her—and she was therefore advised to live high, and have amusements. This was capital. By-and-by the mistress, who was a Duchess, was sick, or thought herself so. She was too fat, and it was an object to be reduced to elegance, all of which was soon brought about by the now distinguished Dr. P. For forty years he was annoyed with the most elevated class of practice. Although an old man, he is still the "celebrated Dr. P."—one of the most successful of practitioners; and yet he rose to distinction by a trick, falsely denominated fine wit. Merit had nothing to do with his success, for he would have died of starvation had he not forced himself into distinction. Yet an honorable, high minded man views such trickery with contempt—though the world would call one a philosopher and the other a fool.

The Philadelphia Medical Examiner.—Very important alterations are proposed in this Journal. The present editors will take charge of different departments, but the principal acting editor, after the first of January, is to be Reynell Coates, M.D., a gentleman of very distinguished medical and literary attainments, who is admirably calculated to conduct a Journal upon generous principles. Instead of having a weekly printed cover, as in times past, a single, uncovered sheet, at three dollars per annum, is to be furnished.

Objects and Nature of Medical Science.—Such is the title of an introductory discourse at the opening of the lecture term in the Medical Department of Transylvania University, by Elisha Bartlett, M.D., Professor of Theory and Practice. The author is an excellent writer, and although we have scarcely had time to read much more than the title-page of this discourse, we have not a doubt of its sterling character. However, it will have its turn with other matters which are to be read in course, and then the result of our observations will be given.

Medical Surgery.—We cannot refrain from again drawing upon Dr. Gibson's Introductory Lecture. The following brief paragraphs—all we

have room for this week—will show that the professor can discourse eloquently upon other subjects besides *himself*.

“Of surgery, as it is really understood by a few, and ought to be understood by all, I hope to teach you something better than ever can be learned from the advocates and champions of the knife and saw. I hope to teach you that surgery, as a science, is founded upon principles not less certain than those which govern other departments of our profession; that, in many instances, these principles are as clear and self-evident and susceptible of demonstration as any proposition in Euclid. I hope to teach you that medical, not operative surgery, should be your chief aim; that you will be able, by patience, industry and perseverance, to cure many a complaint, and save many a limb and many a life by judicious treatment, through the medium of medicine and by a proper understanding of the functions of the various organs, their various sympathies or associations, and in short, by your knowledge of medicine, in conjunction with surgery, than by the aid of the best instruments ever manufactured by a cutler, or by the most supple fingers ever appended to the arms of a human being. I hope to teach you, at the same time, the true use and value of *operative* surgery, by proving to you its subserviency to medical surgery, by showing you the cases in which the knife is indispensably necessary; how operations, when required, should be performed, and above all to *convince* you that whilst I despise the mere *cutter* as one of the humblest and meanest of God's creatures, I have the highest respect and veneration for the man who, with a mind imbued with the profoundest knowledge of his profession, as shown by a general acquaintance with all its branches, can boldly and unerringly, and with matchless dexterity, plan and execute, successfully, operations which the mere professional mechanic would shrink from with apprehension and dismay, or be totally unable to comprehend; thereby demonstrating that it is the *combination* of medical and operative talent that constitutes the prerogative of the great surgeon, and makes him a blessing to mankind.”

“From the whole scope of these observations, then, you will perceive that I set a high value upon medical surgery; that I estimate as they deserve the principles which regulate that department of our science; that I look upon operative surgery as secondary and subordinate in its aim and application, and only to be resorted to after full and fair trials of other remedial measures have failed to alleviate the distress, or accomplish a cure—instead of being held up, as it too often is, as a consideration of primary importance, and even, upon most occasions, as a *sine qua non* itself.”

Medical Schools.—In relation to the condition of distant schools the intelligence that flows in upon us through public channels, comes often in “such a *questionable* shape, we cannot even *speak* it.” When the struggle is over for the season, *the number of matriculations* is accurately ascertained. But who shall, even then, determine the number of *men of straw* that are made to assist in swelling the nominal amount of the class? As for the flourishes of trumpets in newspapers and introductions about the peculiar advantages of particular colleges, we estimate them—if at all—in inverse proportion to their loudness. The school or the teacher that swells largest on paper, is usually the first to explode in practice. From private sources we derive some facts. The old school of New York has certainly about one hundred pupils, and a prospect before it unusually

bright. Of the class of the new school, we know nothing authentic from disinterested testimony, and are not inclined to guess. The class of Louisville numbers about two hundred and fifty. Our own appears a very little diminished in numbers, from the absence of the usual number of established practitioners who visit us to review and extend their knowledge. The number of students of the first and second course does not vary appreciably from the average.—*Phil. Med. Examiner.*

New Medical Works in London.—Mr. Hoblyn's Dictionary of Terms used in Medicine and the Collateral Sciences; a manual for the use of students and the scientific reader.—Dr. Paris's Pharmacologia; or history of medical substances. A new edition.—Dr. Conolly's Four Lectures on the Study and Practice of Medicine; delivered on different occasions in the University of London.—Sir James Clark's Treatise on Pulmonary Consumption; comprehending an Inquiry into the Nature, Causes, Prevention and Treatment of Tuberculous and Scrofulous Diseases in general.

Medical Miscellany.—Dr. George Terrill is appointed Fleet Surgeon on the West-India Station.—In London there are eighty acres of burying grounds, which are in such a disgusting state at the present period, as to have elicited the notice of the public press. They have been used for hundreds of years, and are of course crowded with bones and the accumulations of centuries.—The medical attendants in waiting at the palace, at the birth of the prince, were Drs. Clark and Ferguson, to be consulted in case of necessity. Dr. Locock, the royal accoucheur, is the luckiest man in England, and therefore quite an object of envy to the less fortunate professionals. His fee, on this occasion, will be immensely superior to the one received on the birth of a princess.—Dr. Rainy has been appointed professor of medical jurisprudence in the University of Glasgow.—Several deaths recently occurred, both in England and Scotland, by hydrophobia.—Another prosecution for malpractice has been commenced in western New York.—The number of deaths in Philadelphia during the week ending Nov. 20th, was 104, including two of persons over 100 years of age.—Dr. William Levely, of Maryland, is appointed Assistant Surgeon in the U. S. Army, from Sept. 30th; Dr. Dabney Herndon, of Virginia, Assistant Surgeon, from Sept. 30th.—We perceive that another Part of Copland's Dictionary is recently published in London. We are unable to give any information respecting the re-publication of the additional parts in this country.—The yellow fever was raging with great severity at St. Jago de Cuba at the last advices: a number of American seamen had died.

ERRATUM.—The name of Dr. Isaac Wood, in last week's Journal, page 287, should have been printed Dr. James R. Wood.

MARRIED.—In Boston, Samuel Wigglesworth, M.D., to Miss Louisa G. Davenport.—At Halifax, N. S., Cyrus Morton, M.D., to Miss L. H. Drew, of Boston.

Number of deaths in Boston for the week ending Dec. 11, 40.—Males, 22; Females, 18. Stillborn, 4. Of consumption, 4—scarlet fever, 7—old age, 2—diarrhoea, 1—bronchitis, 1—hooping cough, 2—dropsy, 1—stoppage in the bowels, 1—dropsy on the brain, 1—infantile, 1—disease of the heart, 1—croup, 2—teething, 1—typhus fever, 1—liver complaint, 1—inflammation of the bowels, 1—typhoid fever, 1—lung fever, 1—dropsy in the head, 1—dyspepsia, 1—inflammation of the lungs, 1—scrofula, 1—convulsions, 1—drowned, 1—inflammation of the brain, 1—tumor in the bowels, 1.

HOSPITAL IN BOSTON FOR SCROFULA.

SILAS DURKEE, M.D., Member of the Massachusetts Medical Society and of the Boston Medical Association, having been in practice fourteen years, and having had constant opportunity for three years to attend to the diversified forms of Scrofula while in charge of the Hospital Department of a charitable Institution in Portsmouth, embracing more than one hundred inmates, respectfully announces that he will devote special attention to the treatment of that disease. He has taken the large and convenient house No. 26 Howard street, Boston. The location is retired and airy, with every accommodation for invalids from abroad. He has also made ample arrangements for administering medicated baths, and for the general treatment of patients according to the methods most approved by the profession in this country and Europe. Board from \$3.00 to \$5.00 per week.

Boston, Nov. 29, 1841.

D. 1—eop6v

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDRAL'S Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Clutterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Manasse on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Hoerner's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Synopsis of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plunbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Areteus on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—coply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by	-	-	-	-	-	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	-	-	-	-	-	WILLIAM SWEETSER, M.D.
Obstetrics, by	-	-	-	-	-	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	-	-	-	-	-	PARKER CLEAVELAND, M.D.

The Library contains about 3000 vols. principally modern works.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

PARKER CLEAVELAND, Secretary.

Brunswick, October, 1841.

D. 8—eop6t

RESPIRATORS.

THE subscriber, by means of an agent in London, has constantly on hand a number of Respirators, of every quality.

N. 17—eop3m

H. I. BOWDITCH, 8 Otis place.

REMOVAL.

A. F. BARTLETT has removed to No. 3 Winter, corner of Washington st., where Dr. Chapin's Utero-Abdominal Supporters may be obtained as improved by Mr. B.

D. 1.—3t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, DECEMBER 22, 1841.

No. 20.

DR. PAINE'S INTRODUCTORY LECTURE.

[Continued from page 303.]

It has ever happened, as an inevitable consequence of the fundamental alliance between healthy and morbid processes, that, whenever chemistry, or physics in a more general sense, has invaded organic nature, the philosophy of disease and of therapeutics has followed in abject submission. I cannot now conduct you through the astonishing details, which, taken one by one, would show you that organization—aye, that intellectual being whose divine portrait was so vividly drawn on Tuesday evening—is *practically* regarded, as it is *theoretically* pronounced, a mere chemical laboratory,* composed of tubes of various calibre, amenable to the laws of chemistry, which, it is imagined, may yet be imitated by the hand of man, and that with the aid of the vital properties in the elements of matter (and of course, by analogy, the soul also), whose primeval existence in this relation is maintained for contingent purposes, the confident hope is promulgated that the laboratory will yet be able to exert the highest Prerogative of Creative Power. Already, indeed, it has been given out, *ex cathedra*, that nothing is easier than the accomplishment of digestion by artificial mixtures, in the preparation of which, as I have said, the *furnace* is sometimes instrumental—that nothing is easier than the artificial fabrication of those organic compounds which are elaborated by an *unfathomable* organization that was designed for this specific purpose by the Divine Mind—but, *not* till the alimentary material has been vitally decomposed and its elements recombined in a mysterious manner by the gastric juice—then subjected to the farther organizing effects of the bile and other organic products—passed through the wonderfully vivifying lacteals—carried forward and subjected to the whole animating influence of the pulmonary system—perfected in its exalted endowments by the whole labyrinth of the circulatory organs—and lastly, though not least, determined from the blood in one everlastingly exact manner by other complex living systems—but *how*, no imagination can form the most remote conception, but through the instrumentality of those specific properties of life, which were the only power concerned from the beginning to the ending of the astonishing series of unvarying changes;—and, as might be inferred from the utterly groundless pretensions, aspirants have lately appeared with *animals*, composed of nerves, stomachs, respiratory organs, eyes, ears, *instinct*, &c.—both male and female, as on a former

* See Medical and Physiological Commentaries, Vol. I., p. 36.

occasion, and *now*, as *then*, made out of the elements of matter—though in the modern case, *galvanism* is the *creative spirit*. These offsprings of the ingenuity of man, it is true, after having been duly added to the trophies of chemical science, were ultimately suspected of having been the work of another Power, and even by those philosophers who emblazoned their scientific journals, in Europe and in America, with pictured illustrations of these supposed creations of the laboratory, and who once “*saw that it was good*.” But, I will not neglect saying, that the pretended creation, independently of the living organization, of any one real organic compound, however *simple*, is not less fallacious, and arrogant, and irreverent, than was the pretended creation of insects out of silex by the spirit of galvanism.

I shall not farther speak of the moral and religious tendencies of these speculative invasions upon nature. They must be sufficiently obvious to every reflecting mind; however they may be offensive to one, or admired by another. My present interest lies in their *philosophical* merit, and in their practical bearing upon health and disease. They are uprooting every intelligible principle which relates to the former, and are converting the latter into the confusion of chaos. The humoral pathology, especially, has ranged itself under the auspices of the all-potent science; and, although as wide spread as Christendom (if we except the common empiric who has never relinquished his hold upon the same doctrines as taught during the long decline of medicine in the dark ages), their modern ascendancy has been, as it were, the work of a day. Davy, having accomplished his wonderful discoveries in the mineral kingdom, the credulous, the zealous, or the ambitious, built upon these achievements a hope that something would turn up for the benefit of a favorite hypothesis in medicine, or something for the advancement of reputation. The world was crowded, beyond example, with *learned* men, and with an *interminable* audience—constituted morally and intellectually just as they were when Pope wrote his “*Essays on Man*” and the “*Temple of Fame*,” and that other delineation of men and manners, which is called the “*Dunciad*.”

After a long and laborious investigation, however, of the imputed connections of chemistry with organic philosophy, I have seen no reason to qualify the declaration which I have more publicly made, that I know of *no solitary fact* contributed by chemistry, which has thrown a ray of light upon the philosophy of life or the arcana of disease; and, as concurring in this sentiment I have been most happy to refer to the opinion of my learned associate who presides in the inorganic kingdom, and who so justly surrenders to the physiologist an interpretation of the living department of nature. We may therefore hope for an enlightened co-operation from this philosopher, in my efforts to place you on the right road of inquiry, should he think it sometimes expedient to travel out of his inorganic dominions to regale himself at the *fountain of life*. I shall therefore have less hesitation in speaking of the illusory and *seductive* nature of the *experiments* in organic chemistry, and more especially of their application to the *laws* of organic beings—so seductive, indeed, that they beguile our senses, and cheat us of our understandings. You must look

upon all these doings as upon the arts of legerdemain—apparently real, but most grossly deficient in their pretended elements. Notwithstanding the recent triumphs of chemistry in the inorganic kingdom, and the vast multiplication of its powerful resources, it has left the whole science of life and disease just where it abandoned them when it was in a comparative infancy—or, with only the difference in the relative amount of error, and the exertions which are now necessary to its exposure and defeat.

But, of this subject I shall speak more fully hereafter, and shall only now add for the purpose of securing your attention to the important questions before us, that the farther chemistry pushes its investigations, the more it multiplies proofs that the whole subject of life and disease belongs to another department of philosophy. We find, indeed, that chemistry is everywhere against the hypotheses which have been founded upon its own principles; and, in this negative sense, it will have *greatly* contributed to the science of life. All that is now necessary to obtain the full benefit of the light which has been thus reflected, is the permission of chemists that it shall take its natural direction. But, it has been said with a justice applicable to all ages, that “every new system of philosophy, true or false, must be embraced and introduced into medical science.” Asclepiades explained all by the Epicurean or corpuscularean philosophy; Galen and his disciples by the philosophy of Aristotle; another eminent sect by the mechanical philosophy of Newton, who, says Bryon Robinson, “discovered the cause of muscular motion and secretion, and furnished materials for explaining digestion, nutrition, and respiration”—whilst Sir Humphrey Davy and numerous followers also think it “possible that one law alone (of a chemical nature) may govern and act upon all matter; a law,” continues the great chemist, “which might be called the law of animation.” Hence, it was well said by Bichat, that “chemists and mechanical philosophers, accustomed to study the phenomena over which the physical forces preside, have carried their spirit of calculation into the theories of the vital laws.” The principle is well exemplified by the metaphysician, Dr. Reid, who says that “Mr. Locke mentions an eminent musician, who believed that God created the world in six days, and rested on the seventh, because there are but seven notes in music. I myself,” the Doctor continues, “knew one of that profession who thought that there could be only three parts in harmony, because there are but three Persons in the Trinity. A chemist imagined that he had the felicity of having discovered a principle (not that of Newton’s or Davy’s), which would expound all the phenomena of organic beings. The physiologist, after listening to his philosophy, told him that there was but one circumstance adverse to his discovery, which was, that the physiological facts were all exactly the opposite of what he had supposed. The chemist then begged the physiologist to state what the facts were, that he might *explain* them by *his* system. And, to the same effect we have the opinion of Lord Bacon, who says of Cicero, that “he went about to prove the sect of *Academicks* to be the *best*; for, saith he, ask a *Stoic* which philosophy is true, he will prefer his own. Then ask him, which approacheth *next* the truth, he will *confess* the *Academicks*. So deal with the *Epicure*, that will scarce endure the

Stoic to be in sight of him ; so soon as he hath placed himself, he will place the Academicks next him." The reasoning of Cicero is as good for the physiologist as for the Academicks—for so soon as the iatro-chemical or the iatro-mechanical philosophers have placed themselves, each, and all other sects who build up a spurious philosophy of life, will place the physiologist next.

The metaphysician, Brown, admonishes us emphatically against the propensity of carrying the theories relating to favorite pursuits into other sciences. And thus, Lord Bolingbroke, as if in rebuke of Reid, and Locke, and Brown :—

"Metaphysical writers," he says, "counsel us sometimes very gravely to silence imagination, that we may attend to experience, and hearken to the voice of reason. The advice is good, and they would neither puzzle themselves, nor perplex knowledge, if they took it as they give it."

This is the evil ; and as well said by Mr. Lawrence, "what we are to guard against in our professional researches and studies, is the influence of partial and confined views, and those favorite notions and speculations which, like colored glass, distort all things seen through their medium." We must build upon *facts*, and facts *alone*. Nor is this *all* that is necessary. We must have the *last* as well as the first in the series ; for the *last* fact may be necessary to determine the proper application of the whole, and establish a sound generalization, or *theory* as it is called. *Hypothesis*, on the contrary, rests upon a *partial* array of facts ; and this is the reason that, whatever is hypothetical grasps at a thousand shadows, and perverts a thousand realities. But, in no inquiries is the mind so apt to go astray, and to carry its hypothetical conclusions into other departments of nature, as in the science of chemistry. Here, everything seems demonstrative, and yet everything may be essentially deceptive. The enlightened chemist will confess you this ; and whilst he fears that the fabric of inorganic chemistry may be overthrown, he hopes to be more permanently associated with organic nature. That he is right in his fears, every day is supplying proof upon proof. Sometimes the proof is positive, sometimes negative ; and of the latter we have just had a remarkable exemplification in the proclamation by the celebrated Professor Christison, that he had converted the compound substance known as cyanogen, and renowned for the mischief it has done in organic philosophy, into the simple element called silicium, and which is not only a simple substance, but utterly different from either of the elements of cyanogen. This is only an exemplification of the bold positions which are now rapidly taken by chemical philosophers ; and, had it turned out as represented by the professor, it would have struck a fatal blow at every principle in chemical science. Indeed, upon the strength of this supposed metamorphosis of nature, a learned friend told me that it was not improbable that the halcyon days of alchemy were about to be realized in a substantial manner, and that we should soon have our furnaces for the transmutation of iron into gold, and the famous "tincture of all-flowers" into the never-failing "elixir of life."

It therefore ceases to be remarkable, that chemistry should have pushed for laurels far into the labyrinth of organic life. The perpetual blast of

the furnace, however—the frequent jeopardy of life and limb from explosive mixtures, and the pursuit of other devices *by day* and *by night*, to turn the whole organic kingdom into the laboratory, can leave no doubt that what may have been originally the prompting of ambition grows into enthusiastic delusion. We see, therefore, the puzzle of the philosopher who “observed to Crito how unaccountable it was, that men, so easy to confute, should yet be so difficult to convince. Make a point never so clear, it is great odds that a man, whose habits and the bent of whose mind lie in a contrary way, shall be unable to comprehend it.” Nevertheless, “we have among us moles that dig deep under ground, and eagles that soar out of sight. We can act all parts, and become all opinions; putting them on or off with great freedom of wit and humor.”

But, is there no *fundamental* guide which may enable the inquirer after truth to perceive, at the glance of an eye, the wide gulf which separates chemistry from physiology? A gulf so vast should be everywhere studded with insignia in all its surrounding outskirts. I have already told you of many; but I will now show you the *gulf itself*.

Inorganic nature is *at rest*. Its great characteristic is *vis inertiae*. Here, then, are no phenomena to denote the forces and laws by which its internal constitution is governed. But, it so happens that chemistry may set its forces in motion, overthrow its composition, examine its elements, and elicit a train of phenomena which declare its fundamental laws and forces. These, therefore, are proper and necessary experiments, since they are concerned with the forces of nature, and are the only mode by which we can reach their phenomena.

Let us now turn to the other side, and see how it is with *organic* nature. In all things *exactly* the reverse. Here, everything is in *motion*—in *creative* motion. Its powers and laws are open to the observation of all, through their perpetual and endless phenomena—and to which there is nothing remotely analogous in those results which are obtained by the chemist when he sets in motion the forces of the inorganic world.

In the laboratory, then, we have experiments upon nature in her state of *torpidity*. In the organic body we have the experiments of *nature herself*. Consider, too, that in the former case, they are meagre, uncertain, and at the mercy of every breeze. In the latter—in the individuals of every species, they are inexhaustible in variety, and in all the hundreds of thousands of species varied according to the varieties of organization—but all concurring to demonstrate a near identity of forces and laws; and coming *directly from* nature, they *cannot deceive*. Will you, therefore, prefer the experiments of man upon organic nature when deprived of its peculiar properties and laws, and subjected to forces unknown to the organic being—and worse than all, when that being is broken up in its very structure and elements? Do you not see the absurdity of such distortions of nature? Are you not rather contented with *her own* endless experiments—so endless that you may unceasingly study them for the span of your life, and yet you shall have only *entered* upon their variety. What other experiments can we require than such as are thus perpetually presented by the organic being—varied as the species, varied as every moment, varied as disease from health, and the phenomena always true

to the fundamental laws? Or, if something may be yet *artificially* elicited, should it not be done through the *living* organization, that its *own* appropriate forces and laws may have *their* share in the extorted results? Do you not instinctively answer, yes? I was *certain* that you would, and have so written it down.

Here I had intended to have made a hiatus in my discourse; but the patience with which you have listened encourages me to persevere to the last. I have been admonished by kind friends, within and without the profession, that a doctor's discourse should never trespass beyond the good old limit of an hour; and this being my first address to a public audience, I had almost determined to surrender my wonted habits of thinking for myself. But it certainly appears to be an established rule, that a professor of medicine can hazard only an hour—whilst the more bountiful allotment of two hours is assigned to the parson (when he chooses to take it), six hours to the lawyer, and from twelve to forty-eight hours to a member of Congress. Whilst each keeps himself within the limits, respectively, the rule is—never to *leave the room*, nor to *snore aloud*. For myself, I shall only ask for the benefit of clergy.

I will now cursorily glance at some other mischievous consequences which have resulted from the restoration of the physical doctrines of life. One of the most important, and most productive of evil, is the prevailing hypothesis which assigns, as the cause of inflammation, a stagnation or interruption of the circulation of blood in the small vessels, which carry on the processes of disease; and this doctrine is now extended by distinguished writers even to idiopathic fever. It takes away all agency from the vital properties, all function from the instruments of disease, and resolves all the remarkable, unique, and diversified phenomena of those two great classes of disease, which swallow up all the important human maladies, upon purely physical principles; as physical and as lifeless as if the being were positively dead. The hypothesis, therefore, offers no light to the practitioner, nothing to guide his hand, no cheering consciousness that he strives with a disease which the *mechanic* could not as well control. But, we shall find, gentlemen, that it is all exactly otherwise, and that these diseases which make up the great amount of human suffering, and form the principal outlet of life, are under the same great laws which determine all *healthy* processes—only, however, partially modified by certain primary alterations of the properties of life. Were the mechanical doctrine true, of what use to us would be our knowledge of physiology? Where would be its application to disease? It would have no remote bearing upon the subject, and the whole scheme of pathology could be written out upon a quarto page. But, the vital properties, in inflammation and fever, so far from being paralyzed, as it is called, are exalted in power, altered from their natural state, and are the fundamental cause of all the phenomena that are seen or felt. The blood is neither stagnant nor coagulate; but moves in the instruments of disease with increased velocity, and in an augmented quantity. With *these* facts before us, there is something for *philosophy* to contemplate, something consonant with the laws of life, and something to encourage the practitioner in a rational treatment and with the hope of success.

Are you anxious to know the origin of a doctrine so derogatory to philosophy, so contradictory of fact, so subversive of all rational principles in medicine? I will tell you, then. Like all our other prevailing physical hypotheses, the mechanical doctrine of inflammation is only the ghost of darker ages—shorn, however, of what was originally considered its animating and indispensable attribute. It was the conception of one Vacca, an Italian physician of vivid imagination, who never *pretended* that it rested on a *solitary* fact. It was considered, indeed, so utterly baseless, that Hunter does not refer to its existence. But, what was thus *originally* the project of imagination, *now* professes to rest upon *experiment*. It is also a curious coincidence, that all the exploded doctrines of antiquity which have been recently brought forward to decorate an age which *boasts* of its *originality*, never were advanced under even the *pretended* auspices of fact. But, as I have already said, the most remarkable appendage to Vacca's hypothesis, and which the inventor considered indispensable, is studiously kept out of sight.

Vacca maintained a debility of the bloodvessels, in consequence of which they were said to lose their power of propelling the blood, and, as another consequence, the blood is supposed to stagnate and coagulate within them. So far his followers. But here *their* pathology stops; and as to their principles of cure, they are of course as mechanical as the pathology. But, a great majority do not even allow of independent action to the bloodvessels, in their *natural* state, but refer the whole movement of the blood to the propelling power of the heart, and perhaps, also, to hydraulic pressure. They only recognize, therefore, in inflammation, a mere physical relaxation of the coats of the vessels—just as leather is relaxed by soaking in water, and probably much in the same way. Their diameters being thus enlarged, the current of blood is said to stagnate like water in the wide channels of muddy and shallow rivers—this being, *verbatim*, *their* philosophical comparison.

Vacca, however, had the sagacity to perceive that mere passive relaxation of the vessels, and stagnation of blood, would never explain the exalted temperature of the part inflamed, and its various other morbid phenomena. He therefore boldly assumed that a real combustion, an absolute fire takes place in the blood as a consequence of its stagnation in the vessels; nor have we any other ground for this opinion, than that *inflammation* signifies *a fire*. There are, he says, four principal fluids in the body; namely, the blood, the serum, the fat, and the nervous fluid. The serum, he says, is too watery to burn, but the blood burns tolerably well, and the fat burns after its well-known manner. This, you will also probably surmise, is the origin of our doctrine of spontaneous human combustion—which is one of the present embellishments of physiology. The nervous fluid is said by Vacca to be so volatile that it escapes the conflagration; and it is left *undecided* whether it be combustible or not. It therefore remains a *fair* subject for experimental inquiry; and it is difficult to divine why it has been so utterly neglected by the chemist. It is also a fundamental principle with our projector of the now prevailing doctrine, that no inflammation can take place without the *presence* of atmospheric air to *ignite* the contents of the bloodvessels. The antece-

dent stagnation, he maintains, lets in the atmosphere, which draws the inflammable parts into the vessels, and there ignites them. The tumefaction of the part is said to be considerably owing to an evolution of gas generated by the process of combustion, and this swelling gives room to a farther ingress of combustible matter.

Vacca affirms that these are *essential requisites*, and that without them there can be no inflammation. He published this nonsense in 1765, in a work entitled "*De Inflammationis morbosæ Natura, Causis,*" etc., and its mechanical part is the now prevailing doctrine of inflammation; whilst one of its *vital* consequences, pus, is considered, as it anciently was, a mere chemical decomposition of the tissues inflamed.

Why is this doctrine so extensively embraced? Because it is captivating, like Brown's and Broussais's theories of disease, by a simplicity which exempts the mind from any laborious reflection, either as to the remote causes, the pathology, its contingent influences, or the mode of treatment. But, with Vacca's embellishment, there was a factitious analogy with the immense latitude over which the science of disease naturally stretches. There was at least abundant room for the riot of imagination, and something to give a show of plausibility to the stunted *mechanical* part of the hypothesis. Living Nature, gentlemen, is full of poetry, and man gets *all* his best poetry from her—just as the physiologist obtains from her all his doctrines of life and disease. But, as there is a poetry of the imagination as well as of nature, so, also, are there *imaginary* as well as *real* physiological doctrines. Those which are *real* are the natural *poetry*, as well as the *basis* of medicine—and they shrink, *instinctively* as it were, from all physical and mathematical calculations.

There is *another* wide spread and fatal disease, which I regard as inflammatory, and upon the philosophy of which I shall have something to say hereafter. It has attracted but little attention either in respect to its pathology, or treatment, but which, perhaps more than any acknowledged inflammatory affection, is supposed to be under the dominion of physical laws. This disease is *Venous Congestion*; appearing under simple forms, or complicated with idiopathic fever. In the former case, it exists as an independent affection of the veins, but constantly liable to involve other tissues, or the whole system, in sympathetic influences. When connected with *idiopathic fever*, it still maintains the character of a local and distinct disease. The two, co-existing, mutually influence and exasperate each other, just as do local inflammations of other tissues and idiopathic fever, when they co-exist.

In respect to Venous Congestion, it is remarkable that even during the ascendancy of *vitalism*, or when pathology was generally considered in its true relations to nature—it is remarkable, I say, that even then, venous congestion was regarded in a mechanical sense. It was then, as now, supposed to depend upon some obstruction to the venous current, and a consequent stagnation of blood in the congested veins. Since the general revival of the physical doctrines of life, this disease has attracted more attention, and has been more extensively expounded upon mechanical principles. The vital properties and vital actions have been universally excluded as elements in its pathology; and it has served as a *re-*

cruiting force to the analogous pathology of inflammation. Remedial agents have been therefore applied upon physical principles, and their effects, if salutary at all, are construed in conformity with the same philosophy.

Considering, then, that inflammation, fever, and venous congestion, comprise most of the maladies we are required to treat, it may be safely said of medical science, that "there is nothing stirring but stagnation."

Nevertheless, I shall ultimately show that congestion of the veins, like all other diseases, falls under the common law of dependence upon an altered state of the vital properties of the venous parietes—that there is no obstruction, no stagnation of blood in the case, but that it flows in the congested veins as freely as in health. The philosophy of this disease is of vast magnitude, since it is scarcely less prevalent than the common forms of inflammation, whilst it is more complex in its influences upon the system at large, of far more difficult treatment, and much more fatal. It forms the predominant feature in the yellow fever, and in the congestive fevers of this climate, and throughout the southern and western States. It is the great source of their obstinacy, and the main cause of their fatality.

You hear much, gentlemen, of the great advances of medicine in recent times. And so it has advanced; but only so in the accumulation of facts. There is scarcely one physiological, or pathological, or therapeutical doctrine now advocated by the "*reformers*," as they call themselves, which was not more or less in vogue at degenerate ages of our science. Whether they be anatomical, chemical, or mechanical, they have all had their day, and have all been exploded as utterly contradicted by the phenomena of life and disease, and by all that is known of organic philosophy. And this I say, as due to the great cause of which I am an humble advocate.

It is not here, however, on American soil, that those seeds of darkness have taken root. With a few rare exceptions, our own medical philosophers have gone on cultivating philosophy. You will not soon forget that spirit-stirring reference, which was made by our professor of surgery, to the revolution of empires—and upon which, as I imagine, as well as upon the facts which I have myself announced, he founded his conclusion, that the city of New York may yet be destined to supply Europe with her medical philosophers; and that, too, not unlikely, within a century hence.

[To be concluded next week.]

MEDICAL TOPOGRAPHY AND STATISTICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following article is taken from a communication made to the Litchfield County Medical Society at its last annual meeting. You will please dispose of it in any way you may think proper. Yours, &c.

Goshen, Ct., Dec. 10, 1841.

SAMUEL W. GOLD.

One of the distinguishing features of medical knowledge, at the pre-

sent day, is the multiplied facilities for obtaining facts from a much wider field than formerly. The whole world is rapidly opening its stores to the view of scientific research, and the medical man can now refresh his mind amidst a multiplicity of journals rich with cases and various useful facts gathered from the widely extended parts of our own and other countries. Amidst this broad accession of useful knowledge, few subjects have afforded more benefit to the profession than those facts which belong to the department of medical topography. A knowledge of atmospheric changes, in respect to temperature and humidity, poisonous effluvia, the elevation; density of population, habits and employments of the inhabitants of any given section of country; also the diseases and annual per cent. of deaths, are all indispensable to an intelligent understanding of our profession.

In connection with these remarks, gentlemen, permit me to communicate some medical statistics relative to the town where I at present reside.

Goshen, situated near the centre of Litchfield county, is an elevated table land. Its general elevation is about 1000 feet above tide water. The town is 9 miles long from north to south, and about 6 broad from east to west. The surface is rolling, with swells generally of moderate elevation. Probably about one sixth of the surface is covered with forest trees. The soil is argillaceous, and is abundantly supplied with water. There are five lakes in this town, of from one to three miles in circumference. The water in these reservoirs, and the streams issuing from them, is usually clear and soft, containing but little clayey impregnation. There are numerous permanent springs, which afford soft and very agreeable water. Most of the wells exhibit more or less argillaceous influence from the soil. There are several sections of the town, most commonly in the vicinity of the lakes, where a considerable quantity of peaty formation exists. May it not be owing in part to *this fact*, although principally to the elevated position, that notwithstanding the large proportion of water nearly in a state of repose, marsh miasmata is rarely generated here? I have been able to ascertain but three cases of intermittent fever, which were supposed ever to have originated in this town; and those occurred during its early settlement. Since my residence here I have met with several cases of this disease; but it was obvious that in every instance it originated from abroad, where the patient had been residing just previous to the attack.

The whole number of deaths in Goshen during a period of twenty years, from 1804 to 1824, was 274. The population of the town in 1820 was nearly the same as at the present time, being then 1586, making an average number of $13\frac{2}{3}$ deaths in each year for that period. This is, *yearly, one in one hundred and thirteen*; being a smaller proportion of mortality than I recollect to have seen stated from any other part of this country. The greatest number of deaths that occurred in any one year of the before-named period, was 22; and the least, 9. The number who died during each month is as follows, viz. :—January, 22; February, 21; March, 31; April, 30; May, 16; June, 21; July, 26; August, 17; September, 21; October, 23; November, 18; December, 28. The greatest mortality being in March, and the least in May.

Of the 274 deaths, there were under 1 year, 29 ; from 1 to 10, 54 ; 10 to 20, 27 ; 20 to 30, 26 ; 30 to 40, 20 ; 40 to 50, 11 ; 50 to 60, 14 ; 60 to 70, 17 ; 70 to 80, 43 ; 80 to 90, 28 ; 90 to 100, 5.

The causes of death, as far as ascertained, were the following, viz.:—Old age, 41 ; consumption, 35 ; fevers, 32 ; fits, embracing apoplexy, palsy, &c., 29 ; hydrocephalus, and various other kinds of dropsy, 17 ; pneumonia, 14 ; other inflammations, 9 ; croup, 8 ; whooping cough, 5 ; accidental deaths, 13, 5 of which were from drowning, 1 from freezing, and 3 from burns ; child-bed, 4 ; cancer, 3 ; intemperance, 2 ; rheumatism, 1 ; liver affection, 2 ; diabetes, 2 ; dysentery, 2 ; poisoning by laudanum, 1 ; hemorrhage, 1 ; bilious colic, 1 ; mesenteric obstructions and marasmus, 8 ; worms, 1 ; suicide by hanging, 1 ; complaints not ascertained, 40. Stillborn cases are not included in the above list ; but were they added, the average yearly mortality would still be, probably, less than 1 per cent.

The most extreme case of longevity which has ever occurred in the town, was one of 115 years. One died during the last year in the one hundredth year. Both of these were females ; the oldest, a native of Africa. The whole number of deaths during the last year, ending 1st January, 1841, was 8 ; being a trifle more than one half per cent.

The thermometer usually ranges through the year from 3 or 4 below to 90 degrees above zero. The lowest it has fallen at the place of my residence, at any time during the last 18 years, was 14 degrees below, and the highest in the shade was 96 above zero. A comparison of the temperature here, with localities occupying much lower positions in about the same latitude, shows the thermometer considerably less depressed, during the coldest parts of the year, in the former than in the latter places. During the winter of 1840, the thermometer on the coldest day was but 13 degrees below, while at Woolcotville, distant six miles, and probably some five or six hundred feet lower, the mercury fell to 30 below zero ; being 17 degrees colder than in Goshen. Frost, frequently, does not appear in autumn as soon by several weeks as in low situations. The atmosphere has a less chilling influence during the vernal and autumnal parts of the year, and the temperature is less extreme in its changes from day to night, than in the neighboring valleys. These circumstances, no doubt, have a favorable influence on the health of the inhabitants.

The inhabitants are mostly engaged in agricultural pursuits. They are, as a people, industrious, thriving and contented ; the pure and elastic atmosphere in which they live, contributing much to keep up a high degree of nervous energy, thereby awakening a spirit for action and enterprise, for which, as a community, they are so highly distinguished.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, DECEMBER 22, 1841.

DR. DUNGLISON'S INTRODUCTORY LECTURE.

AN introductory discourse delivered by Dr. Dunglison, at the commencement of the present term of the Jefferson Medical College, having been published by a committee of the class, we are provided with a copy, for which we return thanks to the gentleman who sent it.

Dr. Dunglison has written so much, and deservedly enjoys so good a reputation with the reading part of the profession, that we hardly know which of his labors to refer to as being superior to the others.

It is very well understood, in the ordinary mode of doing business, that an introductory lecture before a medical school at the beginning of a term, is nothing more nor less than a pleasant method of organizing for the season—and these discourses were accordingly formerly considered as being made to last but a single hour, and therefore it was of very little consequence whether they were simple or profound, since they were rarely seen or heard of after the occasion which called them forth had passed away. But the character of the times has essentially changed, with the multiplication of schools, and the increase and rivalry of learned and ambitious faculties. These introductions are now looked upon with an uncommon degree of interest, as an index of the minds of the men who give them; and each one is also, to a degree, a schedule of the proposed plan of operation and the policy of the institution, accompanied by the mature thoughts of a person prominent in society, whose professional influence and experience enable him to speak with authority to those who are just entering upon the responsibilities connected with the practice of medicine. In short, these annual introductory discourses, in the medical colleges of the United States, constitute, to a good degree, the medical literature of the country. They are now altogether our finest specimens of medical writing, and will compare with those from elevated sources, in any part of Europe.

We cannot very well dissect out of this, or any other introductory of the season, several of which are before us, particular pages, as strikingly beautiful or original, beyond anything that has gone before them. They are all good, as a series, and those who are careful to preserve them, will have a treasure that posterity will value exceedingly. In this lecture, the professor gives a succinct history of the past, and speaks encouragingly of events which are to come. He writes with facility, and always in a style that is both pleasing and instructive.

Raymond's Fracture Apparatus.—Some months since, mention was made in this Journal of an invention of an ingenious apparatus for the management of fractures of the lower extremities, which was manufactured by Mr. N. S. Raymond, of Utica, N. Y., and which seemed to recommend itself to the special notice of surgeons. Some who examined it, suggested that it was not strong enough to support the limb and keep the fractured extremities of a bone in place, should the patient, in some un-

guarded moment, happen to attempt a change in the position of his body. On being informed of this, Mr. Raymond at once obviated that apprehended defect, by giving greater size to the various parallel splints, and greater thickness to the semicircular iron bands, to which the bars are riveted. The screws, straps, &c., were also made a few sizes larger, and thus he completely obviated any objections that might be made on that score. A specimen with these improvements has been forwarded, and appears entirely unobjectionable.

We have not ascertained whether the first one brought to this city, and which was immediately placed in the hands of the surgeon of a neighboring hospital, has yet been used. We hope soon, however, to hear that it has, and that we shall be furnished with the results, accompanied by such observations as would naturally be made by a discreet operator, desirous of availing himself of all the improvements of the age, in this department of his art. Having been impressed, on the first examination, with a conviction that the true principle of counter-extension was developed in Mr. Raymond's contrivance, we are desirous that those who have opportunity, make a fair trial with it. The surgeons in Oneida county, certainly, ought to look to the matter at once, since they have a ready access to the manufacturer. No agent has yet been appointed in New England; hence we must look to the surgeons of western New York for the regular series of reports—for such would influence those most likely to manifest interest in the invention. Gentlemen in this part of the country can examine the one lodged at this office—and should any one express a wish to use it in any case that may fall under his care, by sending a proper reference, it is at his service for any reasonable period.

Evidence of the Re-union of Broken Bones.—In the New-York Medical Gazette, there is a curious statement in regard to a method of ascertaining the progress of the re-union in fractured bones, which we do not recollect of having elsewhere seen. If subsequent observation proves the assertion of Dr. Lesler, the reputed discoverer, to be true, the importance of the fact can hardly be estimated by surgeons. The matter is substantially this, viz. : that nails on the fingers and toes do not grow, while the fracture is in the process of being healed. Nothing can be easier than to ascertain whether this happens or not, in any hospital, and that, too, within a few weeks. The editor very naturally asks the following question—“Does this arrest of growth depend merely on the fracture of the limb, or is it, as the editor of the Brit. and Foreign Med. Review suggests, but indirectly connected with the fracture, depending on the well-known principle, that the growth of the various horny tissues depends on the amount of waste to which they are exposed?” Should any of our correspondents be possessed of knowledge upon this subject, or, by a series of inquiries which they may be induced to institute, convince themselves that such a law of the animal economy does really exist, they would confer a peculiar favor by communicating the result of their observations to the medical public.

The Construction of Prescriptions.—Modern practitioners make themselves merry over the elaborate prescriptions of physicians of the last and preceding centuries. Forty or fifty articles were apparently selected with great care, and with reference, many times, to the aspect of the planets,

especially the moon. To have had the necessary qualifications for prescribing in the sick chamber, in those ages, presupposes a life of incessant and accurate study. But another hundred years will so change the respectability of our present medical prescriptions, that many of them will doubtless be choicely preserved in glass cases, to exhibit the blindness, if not ignorance, of practitioners in the polished era of 1841. Our prescriptions are certainly again becoming rather complicated. It is true, that they do not invariably contain twenty different medicinal articles, to be mixed and swallowed at once, but some of them embrace a startling number of ingredients. Does not this require looking after by reflecting, philosophical physicians? The tendency seems to be to run into an unnecessary farrago of drugs, which are quite likely to neutralize each other.

Diseases of the Lungs.—Persons suffering from any form of disease of the lungs, especially those who do not feel able to pay a physician, may always receive advice gratuitously, at the Boston Institution, expressly designed for such, whether from the country or residing in the city. A generous part of the system consists in giving medicines also. Many have resorted there under the impression that their lungs were extensively, if not irrecoverably, affected, and perhaps ascertained that the seat of the malady was in some other organ. Minute stethoscopic examinations, together with a constant study of the condition of the chest, in sickness and health, give the physicians of the Lung Infirmary great facility in ascertaining the exact state of things—which is always of consequence to the applicant. While the medical class remain in the city, an occasional visit to this Infirmary would very much conduce to their benefit.

Dr. Haynes's Utero-abdominal Supporters.—These instruments appear to maintain the reputation which they acquired soon after their introduction to public notice, notwithstanding the number of others in the market. We have heard of cases where they have been used to advantage as umbilical trusses. Large numbers of them are sold for the relief of the various conditions of the abdomen and uterus to which they are adapted. A lot of them, of superior workmanship, have lately been received at this office, where may also be found various other kinds of the same instrument.

Carbonate of Iron.—The protection of carbonate of iron from decomposition, by means of honey (mixed therewith to form pills), depends on the property possessed by saccharine substances of preventing oxidation. The pil. ferri comp. of the London Pharmacopœia is prepared with treacle, in conformity with this theory; which circumstance ought to be generally understood, as a departure from the strict letter of the instructions would, in this instance, materially alter the result. The saccharine carbonate of iron was introduced into the Edinburgh Pharmacopœia on the same principle. The difficulty of preserving carbonate of iron unchanged, has always been in some degree an obstacle to its employment as a medicine. The mistura ferri comp. of the London Pharmacopœia, although an agreeable and valuable preparation when fresh made, becomes decomposed in the course of a few days, and its usefulness is therefore limited. Mr. Redwood has contrived a method of exhibiting pure carbonate of iron,

which is particularly deserving of attention. As soon as it is prepared, he encloses it in capsules of gelatine; which, by excluding the atmosphere, protect it from decomposition, and preserve it in a convenient form for administration for an indefinite period. The capsules contain ten or fifteen grains, which is quite sufficient for a dose in ordinary cases.—*Pharmaceutical Transactions.*

Medical Miscellany.—Smallpox has appeared at Mecklinburgh Co., Va. in a formidable manner—having already carried off many persons.—M. Petrequin, it appears, in a case of partially opaque cornea, the opacity being on the inferior two thirds, cut the superior rectus so as to produce an artificial squint downwards, and thus brought the transparent part of the cornea in relation with the horizontal rays of light.—Dr. Alban Smith, of New York, has opened an institution for the treatment of calculous affections and other diseases of the urinary organs. He was formerly professor of surgery in the College of Physicians and Surgeons, in that city.—There are two hundred and forty students, it is said, in the University Medical School in New York.—At Williams College the President has obtained one of Auzoux's manikins, for teaching elementary anatomy, which is studied in the senior year at that thriving Institution.—Besides the Bloomingdale Orthopedic Infirmary, managed by Dr. Mott, exclusively, Drs. Dorr and Brewster have another, which appears to be well esteemed, and therefore, it is presumed, is well sustained.—Word comes that a new medical journal, under the immediate patronage, and conducted by the professors of the new University Medical School, in New York, will appear about the first of January.—A new apparatus for amputation has been devised, which takes off a limb in "*ten seconds*," says a correspondent, and is favorably spoken of by Dr. Mower, of the U. S. Army, and other eminent surgeons who have seen it. Some particulars in regard to the invention are expected for publication.—The boldness and ingenuity of the venders of patent medicines in this and other cities, is very striking. One of them states that our pleasant neighbor, Dr. Bartlett, restored a female, who was badly used last week by burglars, to sensibility, by *Sherman's lozenges*, and dressed her wounds with the *poor man's plaster*!

TO CORRESPONDENTS.—Dr. Dixon's Case of Operation for Cleft Palate will be inserted next week.

Number of deaths in Boston for the week ending Dec. 18, 35.—Males, 19; Females, 16.

Of consumption, 7—suicide, 1—scarlet fever, 9—brain fever, 1—scrofula, 1—infantile, 2—lead poison, 1—debility, 1—apoplexy, 2—lung fever, 3—inflammation of the bowels, 1—croup, 2—intemperance, 1—accidental, 1—dropsy on the brain, 1—disease of the heart, 1.

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues*to manufacture his improved "*CHARIN'S Abdominal Supporter*," and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

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D. 1.—6m

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THE undersigned have united for the purpose of receiving students in medicine and affording them complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

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On Diseases of the Chest, and Midwifery, by	- - - -	DR. BOWDITCH.
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GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep.8—eoptf.

HOMŒOPATHIC BOOKS AND MEDICINE CHESTS.

OTIS CLAPP, No. 10 School street, Boston, has for sale, Currie's Practice of Homœopathy; Everest on do.; Broacke on do.; Dunsford's Practical Advantages of do; Dunsford's do. Remedies; Quin's Pharmacopœia; Simpson's do.; Hahnemann's Organon; Jeane's do. Practice; Jahr's Manual; Herring's do., or Domestic Physician; Rouff's Repertory; Currie's Domestic do.; Broacke's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Croserio, Eustaphieue, Everest, Green, Herring, Des Guidi, &c. Medicine Chests for sale as above. O. C. is agent for the Homœopathic Examiner, by A. Gerard Hall, published monthly in New York.

My 12—

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DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

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The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

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No. 21.

INTERRUPTED SUTURE IN CASES OF CLEFT PALATE.

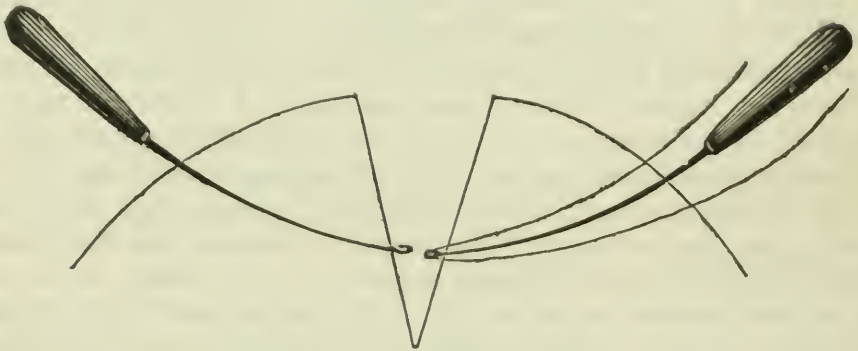
To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The difficulty of passing the interrupted suture in cases of cleft palate, as well as in all cases of deeply-incised wounds, where adhesive plaster and compresses are inefficient, as in the axilla and perineum, induced me to devise the little affairs I herewith enclose. They were much esteemed by my preceptor, the late George Bushe, and have been favorably noticed by my friends generally. I will briefly state the *rationale* of their application, and a case or two illustrating their use.

In the operation for cleft palate, after the edges of the division are prepared for approximation, however well your patient may have been schooled by frequent irritation of the fauces (a measure that should never be neglected), you cannot rely on a moment's quiet. Every instrument, as yet devised, renders it essential that the patient should be perfectly quiescent for at least a minute, before the operator can pass a single suture. In the event of coughing or vomiting occurring at the moment one side of the cleft is punctured, and the operator is about transferring the point of his needle to the other, the most disastrous results may follow. I have seen the suture, already passed, torn completely out, and the base of the tongue wounded by the needle, obliging the operator to abandon the operation. These needles allow such perfect command that they can be withdrawn in an instant. Indeed, it must be evident to all who are accustomed to perform operations within the mouth, that prolonged manipulations cannot be endured for any definite time by the most resolute patient, nor can sutures sufficient to approximate the deeper parts of many wounds be passed with any needle at present in use. I consider these much preferable also for hare-lip. They are to be made as follows. The one, it will be perceived, is the needle already in use, and known among surgeons as the American needle; the other has an opening in the eye; and their combined use constitutes my invention. They must be made of equal thickness from the eyes to the handle. The eyes should be as near the point as possible, the part in which they are made being flattened, *vertically* as it regards the curve of the needles.

The needles, one in each hand of the operator, are supposed in the following diagram to be passing the suture through a deeply incised wound a full inch from the surface; as soon as their points appear in the wound, the thread is taken from the eye of one needle, by means of the opening in the eye of the other; both needles are then withdrawn at

once : the thread being transferred from the right to the left hand needle, is of course left behind, and can then be tied. It is of great consequence that the exact curve should be preserved in forming them, that the eye should be as near the point as it can possibly be placed, and that each needle should penetrate the integument as far behind the edges of the wound, as it is designed to penetrate in depth, for reasons apparent in the diagram. The points, moreover, should be flat, and of the shape of those annexed—as indeed all needles should be, for a round and sharp-pointed needle is a wedge, and will penetrate with difficulty ; whilst these retain the cutting principle. It is important, also, to pay great attention that the little projection constituting that part of the cleft needle nearest its point, should not project above the opposite one, or it would catch in the muscle in withdrawing it. In short, if made precisely like the draft, they will work most admirably. For cleft palate, the handles may be made twice the length of those annexed.



I operated on a son of Judge Degroot, of English Neighborhood, N. Jersey, aged 9 years. Professor Parker, of this city, was present. The case was a compound hare-lip, and it was necessary to remove a portion of the jaw and one of the upper incisor teeth. The lips were approximated with the above needles, and the case did well. I intend shortly to operate on the palate which is divided through the uvula and velum.

Though I have used them in eleven cases of hare-lip, I will state but one other. This was a patient of Dr. James Miller, of this city. It was also a compound case, and the patient was but 10 hours old. The child could neither swallow nor suck, without imminent danger of suffocation. With the exception of one of the stitches constituting the lower part of one side, for the cleft was double, the case did well. Union was perfect in seven days, and the child sucked comfortably.

A young girl was brought to the city, and placed under the care of the late Dr. Wright, by whom she was transferred to me. She labored under the distressing condition of an incised wound from the vagina to the rectum ; the latter being opened about half an inch, but the former full two inches. The injury had been received by sliding from a hay-stack and alighting on a scythe. I passed three sutures with my needles, and a perfect union was the result.

I have used them in many other cases, but the above explain them sufficiently.

E. H. DIXON.

New York, December, 1841.

DR. PAINE'S INTRODUCTORY LECTURE.

[Concluded from page 321.]

BUT, there is one physiological heresy of which I have not spoken, and with which we have been also favored by the physical speculators, which surpasses all others in its degrading tendencies—for it overthrows the science of physiology and medicine at its very foundation. Like all the rest, however, it was a doctrine of the dark ages. It appears to have had its revival in the *laboratory*, though not *exactly* within the prerogatives of that modest handmaid of Nature. It has, however, won its way extensively into medical favor, and chemistry is, as usual, thanked for the blessing.

This doctrine supposes that the fluids circulate in the small vessels by *capillary* attraction—just as oil ascends in a lamp-wick, or water is imbibed by a sponge. So we are told by Liebig, for instance, the great organic chemist, and by many others. The doctrine, I say, is necessarily subversive of all physiological, pathological, and therapeutical principles—since it is one of *mere mechanics*. All the important vital processes being carried on by the small vessels, it must be perfectly apparent, upon the doctrine of capillary attraction, that nothing of a vital nature can be performed by these vessels. In short, I know of no doctrine so derogatory to medical philosophy as this one of capillary attraction.

The ignorant *pretender* will tell us that all this is unimportant; though no one is so much directed by hypothesis, or theory, as this very pretender himself. Does not every empiric in the land prescribe his drastic cathartics for the purpose of cleansing the blood of its supposed impurities? Are they not exactly on a par, in their doctrines, and in their practice, with the most speculative of our enlightened humoralists? Nay, have the ignorant portion of that sect, our Brandreths, our Morisons, *et id omne genus*, any reference whatever to facts or experience? Is it not all hypothesis, and, therefore, all a reckless waste of human life? How is it with the homœopath? Certainly all hypothesis, and never a fact but such as demonstrate his errors—if nothing worse. Mount up the scale, and you shall find at every step of your ascent, from him who *prowls* about the outskirts of the profession, to him who directs the all-potent drug with the most consummate skill, that each and all mainly rely upon their conceptions of the *philosophy* of disease. But you shall also find, that in proportion as Nature has been taken for their guide, and as medical principles are founded upon the absolute phenomena of life, in their healthy and morbid aspects, *there* will always be the greatest reference to facts and experience. How momentous, then, that we should follow Nature, and that our theories should be derived from her observation alone.

The human mind *will have* its theories upon all subjects; and the whole history of medicine is a perpetual exemplification, that in no inquiries do theory and hypothesis abound so universally as in the healing art. This arises, in part, from the intricacies of the subject, but mostly so from the constitution of the mind itself. The Almighty *designed* it for theoretical conclusions, and set us the *example* in those stupendous Theories upon which the Universe, and all it contains, are founded. And

what else are, or should *be*, our theories, than finding out and adopting those of which He is the Author? What other theory in the *natural* world can there be, than *such* as are instituted by the Almighty Being? And shall we hesitate to embrace, and to act upon *such* theories? And yet it is one of the improvements of our day, to insist upon nothing but facts, and to denounce all principles in medicine; as if the Almighty had not ordained principles and laws as well as facts—which are mere emanations from the former.

But, who are they that would thus convert our noble and stupendous science into its barbarian infirmities? They are the greatest theorists of the age—promulgating their speculations under cover of this pretension. This propensity of the mind to theorize is strikingly illustrated, for example, in the writings of Louis (a distinguished Parisian physician), who, although condemning theory and generalizations in medicine, is the greatest speculatist of any era; nay more, he has embodied in a work which purports to be a simple record of facts, a greater number of hypotheses than can be gathered from the whole field of medical literature.

We *must*, therefore, have theories in medicine; and, therefore, let us have the *right* ones. Right or wrong, they grow irresistibly out of the constitution of the mind and the fundamental laws of nature. Let not the mind indulge its great natural propensity without a constant reference to those laws, through the medium of their phenomena. The elements of the former are simple, immutable, and easily known by their manifestations. These manifestations are the facts, and form the substantial ground of all intellectual acquirements. As they relate to organic beings, to their laws, their properties, their functions, whether *morbid* or *healthy*, they are to be found in the organic being *himself*—not in the workshops of the chemist or of the mechanical philosopher. But, even where the mind admits this proposition, if prone to speculation, it too often regards each fact by itself, and rears up hypotheses wrong in themselves, and in conflict with each other. Facts should therefore be compared before they are reduced to theory; or, where they may conflict with acknowledged principles, they should remain in an isolated state till their true nature may be better understood, or till the principles which they appear to contradict may be shown to be erroneous. Had this consideration been duly regarded, had the Attributes of the Almighty been properly respected, or the thousand facts in physiology, our age had not been stained with animal magnetism.

Should you meet with some fact which appears to indicate the dependence of life upon chemical or any other physical forces, the evidence to the contrary is so various and conclusive, that *that* fact must be considered as deficient in some of its elements, which, if known, would readily bring it under a well-established principle in physiology. These absent elements are some other facts which escape our observation, perhaps through necromancy or imposture; and thus what is truly fact, in an abstract sense, is made the groundwork of important error. And did those of you, who venerate the Mosaic Record of Creation as the Word of God Himself, never entertain a *hope* that Geology may yet discover *other* facts which shall bring *such* as are known into better harmony with the Word

of God? May we not believe, as we shall soon see has been often the case with hypotheses founded upon partial facts, that a *solitary* discovery may yet show us that our geological premises have been deficient in a most fundamental element? Should we not *tremble* over the ruins of about one hundred theories of Creation, which, by a recent decision of theoretical geology, even in the metropolis of France, are pronounced "unscriptural and unworthy of record"? Would it not be safer to *rest* upon our facts, and be contented for the present to *know*, that "in the beginning God created the heaven and the earth"; and, in believing this, to think it also *possible* that the subsequent annunciations are equally true? It strikes me, at least, that this is not only the safer, but the *philosophical* course.

But leaving sacred, for our more appropriate subjects, there are principles which are not as clearly confirmed by an observation of nature as the laws of life; and, in such instances, it may be that the supposed principle and the conflicting fact should mutually stand the ordeal of inquiry. This will be accomplished by a full revision of the facts of which the principle had been predicated, and by the multiplication of other facts. It may be found that they do not all harmonize with each other, or it may happen, as with organic beings, that there is a perfect coincidence. In the former case the principle is *prima facie* false; in the latter, it is *prima facie* true; but neither induction will be certain till the newly discovered fact is reconciled to those upon which the principle had been founded, or is shown to be in absolute opposition. In the former case, the principle stands, and derives farther confirmation; in the latter, it is more or less shaken, or may be overthrown and the facts become assembled under a new doctrine.

It sometimes happens that the discovery of a new fact will overthrow the most brilliant theory. Had Christison succeeded in that higher pretension than was ever made by the alchemists—that of converting cyanogen into silicium, he would have upset the whole science of chemistry—and in *this* respect he would have rendered a service to physiology. In the instances, however, to which I am now referring, the theory is generally of a compound nature, and some of its elements rest upon facts which nothing can invalidate. In such cases, also, the facts are of a demonstrable nature, and that which invades the theory is clear, specific, and liable to no uncertainty. La Voisier, for instance, laid down the doctrine that oxygen gas is a *supporter* and the *only supporter* of combustion. The former part of this doctrine must remain forever true; the latter was only good till some other substance should be discovered, which, like oxygen, would maintain combustion. It was so far a hazardous principle, as it was concerned about abstract facts, and might or might not, therefore, be a fundamental law of Nature. The very next revelation of the laboratory might show that this part of the theory was a mere assumption—as it certainly was. A *single* fact was only necessary to the purpose; and already not less than three other agents are known to be supporters of combustion. Some have even supposed that all cases of intense chemical action, where heat and light are developed, are instances of combustion; and then we have spontaneous human combustion, for

which no theory has been assigned. But, the universal doctrine, which respects heat and light abstractedly, rests principally upon the two facts just stated, and is otherwise deficient in the analogies which relate to true combustion. It is, therefore, like Vacca's doctrine of inflammation, and that of spontaneous human combustion, probably nothing but an assumption.

Again, it was supposed to be a law that oxygen was essential to *acidity*; and although it be generally true that this substance is the acidifying principle, others are now known to exist. Here, this great agent placed the same theorist in another predicament corresponding exactly with the calamity which befel the doctrine of combustion. The theory was partly true, and partly false; whilst its universality was overthrown by a single fact. In all such instances, where the laws have no great range of phenomena, it is unphilosophical to theorize beyond the absolute facts in possession. But, here also, other theories, of the same latitude and uncertainty as that which supposes combustion in all cases of intense chemical action, when light and heat are developed, have sprung up—some chemists supposing that acidity often arises from the associated effect of several elements.

In the examples before us, therefore, we not only see how readily certain doctrines, which rest upon abstract facts, may be overthrown by a single discovery, but with what readiness the mind starts off upon hypotheses when opportunity arises for the exercise of ingenuity. It is the peculiar misfortune of science to generalize too hastily; and it often happens that the explosion, or the introduction, of one error, is the parent of many others. It is also astonishingly true, as we have especially seen of the doctrines of life and disease, that a few phenomena are abstracted from the whole, of which they may be only sequences of the others, and are made the ground of doctrines which are in perfect conflict with other and better theories that are instituted upon the *more fundamental* facts;—and thus a blind disregard of consistency is permitted to prevail, till a most incongruous series of assumptions is presented to us as the science which Nature teaches.

Although facts are the only foundation of theory, it is not unfrequently the case that certain existences, and the laws by which they are governed, may be fully demonstrated without any knowledge of the *nature* of the fundamental subject to which they refer. This, for instance, is true of light; for, although we know not the condition in which it exists, or whether it produce its impressions by impulses and oscillations, or by projections, &c. (from near or remote objects), the laws of reflection and refraction are permanently fixed. The same affirmation may be made of electricity, and the laws which this remarkable agent obeys. And so, also, of heat. These laws, and those in relation to light, are founded upon such facts as cannot be shaken; and when, therefore, apparently conflicting phenomena may arise, we may be certain that they will be ultimately reconciled to the established principles. Least of all can any theory of the *nature* of light, heat, or electricity, or of the modes in which they are developed, affect the laws which have been founded upon their phenomena. And though it be possible that light, electricity, and heat,

are modified states of a common substance, their phenomena, and the laws which are predicated of those phenomena, declare that some peculiar, but unknown imponderable substance exists, upon which those phenomena depend. They declare it to be *sui generis*, differing as much from all things else in Nature, as was its distinct and specific Act of Creation, when the Almighty said—"Let there *be* light, and there was light." We *know* it to be different from every other existence, because it is distinguished from all others by its phenomena and laws.

Just so is it, gentlemen, in respect to the powers and the laws of organized beings—the whole animal and vegetable kingdoms. It matters not whether the principle of life, whose elements we denominate the vital properties or vital powers, be ponderable or imponderable, tangible or intangible, or, like the soul, immaterial; for, like the soul, and light, it has its infinitely diversified and peculiar phenomena, and its peculiar laws. Like the soul, and the principle of light, therefore, it must have a real existence—as real as was that other specific Act of the Almighty Being by which He superadded the vital principle to man, when He breathed into his inanimate structure the breath of life;—and therefore, by analogy, by Unity of Design, and by some analogous process (of which the foregoing annunciation is probably metaphorical for its greater intelligibility), into all other organic beings. How stupendous the conception—how corroborated by all the phenomena and laws of life—*how atheistical the doctrine which engrafs those vital properties upon the elements of matter, that they may rob the Almighty of His highest of all prerogatives—the creation of living, intelligent beings!* And may it not be that the announcement of the creation of "the breath of life," *subsequently* to the institution of the organic structure, was especially intended to prohibit this very doctrine which ascribes to the elements of matter the essential requisite for organizing themselves?

We may be ignorant of the *principle* of life, yet understand its whole government; and the objection is perfectly futile, that we cannot reason about that principle because we cannot demonstrate its nature. Will you deny the existence of the soul because you cannot see it? Will you deny the Almighty because the eye cannot see Him that made it? What else do we know of the most tangible substances, than that they exhibit certain phenomena? Did not Berkeley reject the testimony of his *senses*, because he could not comprehend the *nature* of matter? But, did not *consciousness* compel him to recognize the immaterial soul, when he denied the existence of the *body* which it inhabits? Do you go to Revelation for your proof of an Almighty Being? Then, by the same rule your faith must repose upon the declaration, that man was first created an inanimate structure, and that animation was superadded as a distinct Act of Creation. Take either ground, Revelation, or the phenomena of Nature, and you must be consistent. Here, as in most things, Revelation and Nature mutually illustrate and sustain each other. Their annunciations are equally direct upon the subject before us, and open to the understanding of all. Our conclusions, therefore, flow irresistibly from *whichever* premises you may select.

Although it be rather premature, I will carry on my illustration in re-

spect to life, by supposing the existence of some principle analogous in its material nature to that of electricity, or light, though essentially different in its constitution. Grant this fact, and skepticism is at once dissipated. You *see* and *feel* the thing, and yield to your sight and touch where you would not to thousands of demonstrations which are less likely to deceive. You grant the principle of light as an imponderable substance, because it impresses the sight, and this is your only natural proof of its existence. But, when *this* solitary proof is withdrawn by the interposition of the moon between us and the sun, your belief in the existence of an universal elastic medium, capable of being again rendered luminous by solar impulse, is in no degree affected. You go on to believe, though you do not even *see*, and have nothing but a dead analogy to impress the conviction.

Supposing, then, that organized beings possessed a principle of life that could, like light, be *seen*—they would then be allowed to be governed by this agent, and we should be relieved of the encumbrance of the physical and chemical hypotheses. But, though no such principle address itself to the sight like electricity or light, its existence is far more variously and conclusively attested by other phenomena. These phenomena, results, or facts, determine also the nature of the laws which prevail throughout the animated kingdoms; and, being wholly different from such as rule in the inorganic world, it is *prima facie* evident, that powers or properties of which they are predicated, carry on the processes of health and disease. But, it is not *analogy* alone which forces this conclusion. The facts of which it is affirmed are incomparably more numerous and specific than those which appertain to all other powers of Nature; whilst the scrutiny of ages has never produced a fact in opposition.

Indeed, with so much light upon our subject, so much of fact to substantiate our conclusions, it would seem highly probable that all facts which may be raised in opposition have no relative bearing, and that they are brought forward in the spirit of hypothesis.

The more comprehensive a law may be, the more readily is it known and determined, and the less likely is it that apparently conflicting facts will arise. Whenever such are produced, it is owing to a want of proper investigation. The facts are examined superficially; and the speculative or the credulous mind seizes upon some prominent characteristic, and pushes its opposition to nature under the spur of novelty, or the delight of discovery, or the goad of ambition. This, as we shall ultimately see, is emphatically true of the application of chemical forces to the processes of life, and of the more strictly physical to the interpretation of disease and therapeutics.

Let us now apply these remarks in the way of another brief illustration. When Crawford promulgated his doctrine of animal heat, which was founded upon chemistry, it *should have been* obvious that his *indispensable* facts were only assumptions; since all analogy in relation to organized beings rendered it in the highest degree probable that chemical agencies have no lot in the function of respiration, or in the production of animal or vegetable heat. The properties of life are too universally concerned with the results of organic beings to admit the probability that

Nature is so inconsistent with herself—or, rather, the Almighty with Himself, as to have instituted a great system of government for the special economy of the organized kingdoms, and at the same time have admitted the forces of inorganic matter to determine *some* fundamental result; and that result, especially, having intimate alliances, and close affinities with all such as clearly depend upon the vital principle.

Crawford's doctrine, however, prevailed almost universally, till it was finally shown, by the chemist himself, to be defective in the necessary facts. Chemistry then started off in pursuit of other hypotheses of animal heat that should be conformable to its own habits and prejudices. It elaborated a now prevailing doctrine that heat is evolved by the conversion of the fluids into the solids, with some mysterious connection with atmospheric air. But, it overlooks the perfectly subversive fact, that adult warm-blooded animals have an uniform and exalted temperature, and that an exact equilibrium is preserved between the conversion of the fluids into solids and of the solids into fluids, whereby the temperature of all adult animals should be regulated by that of the surrounding atmosphere; whilst in infancy, the temperature is lower than in adults, although nutrition overbalances secretion. These facts are irresistibly conclusive against the hypothesis, and are one of the numerous examples in which chemistry has introduced into organic philosophy doctrines which are in total opposition to its own well-established laws. Other hypotheses, of a similar nature, have sprung up upon the ruins of Crawford's—neglecting all Unity of Design, sifting the facts for such only as are plausible, regardless of all the opposing phenomena of life, and scouting the grand principle in philosophy which forbids an unnecessary multiplication of causes. Before this invasion of chemistry upon the vital doctrine of organic heat, the phenomenon was expounded upon purely mechanical principles, as digestion had been; it being supposed to arise from the friction of blood upon the circulatory vessels. Here, however, was something which was merely contingent, and in no respect involving a violation of principle; and I would far sooner take this palpable error, than the absurdities of the laboratory.

It will be a part of my *agreeable* task to exhibit the fallacies of the physical hypotheses of life and disease, as well as to inculcate principles which exalt our science above the mere world of matter, render it consistent in all its details, and present it to your attention as a department of knowledge fundamentally distinct from all other pursuits. Then shall you feel the quickening influence of a philosophical knowledge which distinguishes you from the rest of your race—of a knowledge which led the great father of our art to affirm that “a philosophical physician is like a god”—when you shall have some ennobling glimpses at a system of principles and actions of which the profound in other sciences have no just conception, and which you *alone* are qualified to direct to a great and specific result.

And this carries me again back to the essential philosophy of disease. Assuming that morbid actions are carried on by the forces which govern the natural functions, we may rationally conclude that every pathological change consists in some new mode of action which has been induced in the vital powers by morbid causes, and that the object of therapeutics is

to restore the natural condition of those powers. When, therefore, we hear that inflammation, fever, or venous congestion, are constituted by stagnation of blood, and that all their results are interpreted by physical agencies, we may be certain that such hypotheses have no foundation. But, allowing these remarkable exceptions to the ordinary course of nature, what would science be worth, what its advantages to mankind, when thus surrounded by exceptions which cover the whole fabric with doubt, and which divest the most important diseases of all ground for any intelligible treatment?

There is no practical pursuit, in which consistent and philosophical theory is so important as in medicine. Every practitioner, as I have said, is irresistibly influenced by theoretical views of disease, and none more so than they who are most ignorant of its merits. How important, therefore, that our first theoretical conceptions should be *right*—since, being right or wrong, they will be either for good or for evil. Where medical doctrines are not laid upon the broad basis of Nature, or where mechanical or chemical philosophy is allowed to usurp the place of *vitalism*, you will commonly find that theoretical views, and the application of remedies, are at the mercy of every prominent symptom. As new symptoms are constantly rising as the disease acquires exasperation, the hypotheses and the treatment undergo the most contradictory changes—being often within a few hours in absolute opposition.

Thus, gentlemen, you perceive that neither the poorest nor the best of us can move without *theory* as well as experience for our guide; and it behooves us, therefore, to lay well the foundation of medical doctrines. Whether true or false, they will surely operate; and nothing is more difficult than to correct the errors which we imbibe in the course of a medical education. It is with a view to the importance of these objects, that I have addressed you in this general manner in my first lecture, as well, also, to give you some apprehension of the objects of my course, before we embark upon a consideration of the *Materia Medica*, which I shall teach you in its special relations to medical philosophy. The field over which we shall travel, is of boundless extent, but is everywhere marked by prominent outlines. These outlines I shall be mainly employed in presenting to your attention, under the scrutiny of a vigorous analysis. They have all an intimate association—beginning in simplicity and ending in unfathomable complexity; yet always true to the simple elements, and always determined by immutable laws. Beginning with what is simple, we shall ascend, step by step, to what is complex—till at last, and along a chain of the closest analogies, we attain the most intricate of the whole, and which embraces every part of our plan—the consideration of remedial agents, and their just application to disease. I shall endeavor, therefore—feebly it is true—to teach you the Institutes of Medicine as they are founded in Nature, and with an undeviating view to the *Materia Medica*. And that this great ultimate object of all medical acquirements should have been taught in our schools apart from the Institutes of Medicine, has always appeared to me an artificial and unnatural separation. I know not, indeed, how the *Materia Medica* can be intelligibly taught without being associated with extended instruction in the

principles of physiology and pathology, to which the investigation of every article should have an unceasing reference. Isolated from these, the *Materia Medica* can, at best, consist only of a dry detail of facts, without a spark of the animation of which it is susceptible, with no associations to illustrate its vast and endless relations to disease, or to connect them with memory—nothing to govern their therapeutical application, but the monotony of an empiricism as sickening as the drugs themselves.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 29, 1841.

PUBLIC HEALTH OF BOSTON.

IN a conversation, the other day, with Mr. Hewes, the venerable Superintendent of Burials, he observed that the mortality of Boston, the past year, would not exceed that of 1840, which was by no means so large as that of many other cities. No epidemics have prevailed, nor has there been any alarming outbreak of disease either in Boston or its environs, in 1841. At this time there is an increasing prevalence of scarlet fever, chiefly confined to small children, and attended with the severity of symptoms which usually marks that disease at mid-winter. Although a considerable number of deaths by this disease has been returned at the Health office, it is not precisely correct to say that the malady is alarmingly prevalent.

Rheumatic affections have been very common of late: even young persons speak of suffering intensely by those deep-seated pains in the articulations—the shoulders, for example—which have usually been mostly confined to aged people, who have led a life of exposure. The variable character of our northern climate, together with the luxury of hot rooms, and badly-ventilated sleeping apartments, explains very satisfactorily the cause of rheumatic sufferings in those who have hardly entered upon the active stage of life.

Report of the New-Orleans Board of Health.—We have had by us, for several weeks, a report signed by Dr. E. H. Barton, President of the New-Orleans Board of Health, dated Nov. 17, respecting the late epidemic in that city. We intended to insert it entire in the Journal, but have been unable to find room, and can now but refer to some of its more important statements. In announcing that the epidemic, which had been of long continuance and malignant severity, was at an end, the Board take pleasure in referring to the kindness and sympathy which have been manifested towards the sick and afflicted, at an expenditure of many thousands of dollars. The whole number of deaths by the fever, reported to the Board during the season, up to Nov. 1, was 1325; of which, 561 died at the Charity Hospital, probably near 500 at the other hospitals and charitable associations, and the balance in private practice. These deaths are considered as so many victims to the *acclimating process*, out of a probable number of 1500 subject to it at the commencement of the fever. The mortality is presumed to have been 10 to 12 per cent. in private practice,

and from 30 to 40 in public and private hospitals. The gratifying fact is stated that no instance has been known where a *second acclimation* was necessary among those who have suffered from the fever, unless in the interval several winters had been spent in a northern climate. A comparison is instituted of the epidemic of the present year with those of former years, to show that its fatality is less now than formerly. There have been ten yellow-fever years since 1803, and the average loss by the fever is stated to have been not over 800. The most fatal one was that of 1822, when the deaths were 803, or 1 in 53.28 of the entire population, whereas during the last season the deaths were only 1 in 78.12. A table is also given of the mortality from all diseases for the months of August, September and October, in the years 1817, '19, '20, '22, '23, '37, '39, and '41, showing a ratio to the entire population, respectively, of 1 in 37.62, 1 in 33.09, 1 in 47.63, 1 in 31.60, 1 in 37.27, 1 in 38.76, 1 in 61.73, and 1 in 48.15. From a comparison, also, of the mortality of the years in which the epidemic *did not exist*, from 1820, the Board come to the conclusion that there is a gradual amelioration in the climate, the mortality having improved from 1 in 29.03 in the first of those years, to 1 in 35.41 in the last. By deducting from the last the mortality of the Charity Hospital, the ratio will be 1 in 46.70, and during the two last non-epidemic years only, 1 in 51.15. Of the deaths by fever during the past season, 1000 were from foreign countries, and nearly 600 were of less than one year's residence in the city.

Dr. Draper's Lecture.—Dr. C. A. Lee had the goodness to send the introductory of the Professor of Chemistry in the University of New York, Dr. Draper, which came near being overlooked in the mass of pamphlets which poured in upon us last week; but, happily, it was recovered in season to say that it is a creditable performance. It appears plain to the reader of it, that the author has no idea of being a mere guide-board in the University—pointing the way—but that he intends going on the road himself, in company with the inquirer, to show him minutely and understandingly all the objects on the route. Only one extract can be made to-day—but more are in reservation, and we are sure they will be read with pleasure.

“The changes that we see in living things, are the consequences of fixed and immutable laws. The acorn never produces a fir tree; nor by any art or device, does any living thing escape its final dissolution; there is, as it were, a stern necessity in the case; a law of mutation, which prescribes the origin, the progress, the end of everything. The hardy form of the strong soldier, must change into the care-worn aspect of the broken veteran. Whilst, then, physical and chemical forces have their operation, do not misinterpret what I say—there is something more than these. When I reflect on the powers of the human understanding, I am lost in amazement. What is it that gives to the mechanism of the brain these marvellous qualities? I perceive, that on its tablets are registered all the events that have happened in my life; there, too, are the impressions of all that I have heard, and all that I have read. There, too, are engraven the shadowy forms of the innumerable words and names of things, in the different languages I know. There, too, are pictured the facts and events which compose the domain of history and the sciences. In those silent galleries are hung the portraits of the friends that are

around me, and of the friends that are dead. I call up lineaments whose realities are gone to decay, and re-visit again the scenes of boyhood. The intricate music of Italian singers still lingers there, which I listened to years ago; or the more simple melodies of a country life. The echo of those prayers is still heard, which an unskilful tongue first learnt at a mother's knee. And now the power of remembering things that are past, is only one of the many functions of the brain; is it not also the seat of all that passion dictates, the source of all that action performs? In it are the first seeds of all that we resolve; and by it are received all those impressions which afford us pleasure or give us pain. The higher powers are also there; and, above all, it is the house of REASON. Shall I then fail to assert the presence of a controlling principle of intellectuality, the operations of which I feel, the existence of which I know?"

Baltimore Animal Magnetism Report.—Although the newspapers of that city had circulated, extensively, the result of the animal-magnetism exhibition in Baltimore, a regular report, under the signatures of Drs. C. A. Harris, T. E. Bond, Jr., &c., has subsequently appeared, in which the details are as circumstantial as could be desired. The concluding words of the report read thus—"In conclusion, it is our deliberate opinion that the whole exhibition by Dr. Collyer, was a miserable trick, and an insult to the good sense of this people." What will the impartial, scientific Boston committee on animal magnetism say to this?

Vermont Medical College.—By the circular, which is distributing, we are reminded that the annual course of lectures will commence at Woodstock, in March next, in the new College edifice erected the past season. A new professorship, of *general and special pathology*, has been established. The board of faculty consists of seven professors, who are gentlemen distinguished for their professional attainments. By an act of the Legislature, passed in 1835, this institution was made independent of any other in the State—the charter declaring that the "trustees shall have power to give and confer all such medical degrees, honors, diplomas or licenses, as are usually given or conferred in Colleges or medical institutions."

Medical Almanac for 1842.—After mature deliberation it has been thought advisable to publish the next volume of this Almanac in July, instead of January, for the purpose of embracing the statistics of the medical schools, which will then have closed their lecture terms. This will also afford an opportunity of obtaining the names of newly elected officers, &c.—besides enabling the editor to embody a variety of local and general medical intelligence, not to be gathered at a much earlier period. Publishers have brought in their experience to influence us in this arrangement. Those gentlemen, therefore, who have ordered the work, must have patience till about the middle of the year, when it will be published, and will then embrace parts of two years in the information it communicates.

Statistics of Lunacy in the U. States.—According to the last census, there are in the States, 4278 insane and idiotic white persons, supported at the public expense, and 1000 at private charge; of colored persons,

1957 at the public, and 845 at private cost. The whole number, therefore, of lunatics and idiots, collectively, is 17,080, in a population of 17,013,379. According to the researches of our accurate friend, Dr. Brigham, the average number of persons who annually become insane, in the United States, is 5719. No country in the world has such ample and generous provisions for this class of sufferers, as have several of the northern and middle States. The principles which called these admirable institutions into being, are extending themselves, and we fondly expect that within a few years, no State in the confederacy will be without a well constructed and well managed insane hospital.

Ulcerated Tongue.—Very many persons, we learn, have suffered within the last few weeks, with a singularly inflamed condition of the tongue, which, after having remained considerably swollen for two or three days, becomes studded over on the upper surface near the apex, and at the sides, with minute, ragged, smarting ulcers. In connection with this, it occurs to us that some gentleman has spoken of the prevalence, in this neighborhood, of a similar diseased state of the tongue in very many horses. Will some one collect the facts?

Success of the Operation for Strabismus.—Various hints have been thrown out recently, both in this country and in Europe, especially in the latter, that the division of the muscles of the eye for the cure of strabismus had been proved nearly or quite useless, by the return in a short time of the pupils to their original mal-position, or the occurrence of a divergent strabismus. No proof, however, of this unexpected result, founded on any number of cases, has come under our observation. Indeed the only statistical return of cases of a year's standing which we have seen, presents quite a different result. The one to which we refer is contained in a late No. of the London Medical Gazette, and is furnished by F. B. Dixon, of Norwich. He gives a list of forty-one cases of strabismus convergens treated in November, 1840, by division of the rectus internus. The results, as ascertained mostly by actual inspection, were :—thirty-one cases, where both pupils are perfectly central ; five cases, where the pupil of the eye treated is perfectly central, with slight obliquity of the other eye ; three cases of complete reversion of the pupil of the eye treated to its deformed position ; two cases where the squint was changed to a leer. Mr. D. adds—" Although the operation is not certainly and uniformly successful, it has every right to be classed among established surgical operations, inasmuch as it exhibits a fair general average of prosperous results ; and what more can be said in favor of any surgical process ? "

Guaiacum in Cynanche.—Large doses of guaiacum have lately been given successfully by Dr. Carson, in England, in cases of inflamed tonsils. In one of the cases, reported in the Medical Gazette, ten grs. of powdered guaiacum were given three times a day, and a warm poultice applied to the throat. During four days the size of the tonsils diminished slowly each day, and all the symptoms improved. The dose was then increased to a scruple thrice a day. The improvement was more rapid, and in five days more the tonsils were nearly natural.

Etymology of a modern Term in Surgery.—MR. EDITOR: Having recently seen Dr. Mott's circular respecting his Institution for the treatment of Curvatures of the Spine, &c., which he denominates Orthopædic, I notice that he spells this word with the diphthong æ. Dr. Brown, of this city, who was the first in this country who opened a similar Institution, denominates his, Orthopedic—i. e. he omits the o. As you are a linguist, Mr. Editor, will you be kind enough to settle the orthography of the word.

Answer.—We believe the substantive orthopedia and the adjective orthopedique are of French coinage, and we suppose Dr. Brown converted the latter into an English adjective, by substituting *ic* for *ique*. We see no reason why this is not proper; but if we revert to the Greek and coin an English word from *orthos*, straight, and *pous*, foot, it would be orthopodic. If we derive it from *orthos*, straight, and *pais*, child, it should be orthopædic. If from *orthos*, and *poico*, to make straight, it would be orthopoetic or orthopætic. We are at a loss to know from whence orthopædic is derived, and see no reason why the word should not be spelt orthopedic—as first introduced into this country.

Connection between Abundance of Food and Mortality: by M. Melier.—In this memoir, which was read at the Academy of Medicine of Paris on the 7th of September, the author established, by numerous documents drawn from the histories of various countries, that the number of deaths always corresponds with the price of food. "Wherever there's a loaf added, there's a man born," said an economist: and nothing is more true than this metaphorical expression. If we represent the variations of the general mortality and those of the price of bread at different times, by two curved lines which rise and fall with all the fluctuations of these particulars, we shall find all their curvatures exactly, and with the most perfect regularity, corresponding. The constant increase of the population of France for a certain number of years is easily explained by the progress of agriculture, the modifications which the laws relating to corn have undergone, and especially by the introduction of potatoes. The influence of the dearness of food, however, is observed more distinctly in the year next following than in that in which it has occurred.—*Gazette Medicale*, Septembre 10, 1841.

Spinal counter stimulation in Congestive Fever.—Dr. Jno. B. Baird, of Franklin, Ky., writes us as follows: "In this neighborhood, this fall, the fevers were wont to assume a congestive type, and the bowels to be obstinately torpid—the strongest cathartics, repeated from day to day, producing no alvine evacuations. In such cases, sinapisms over the spine, as recommended by Professor Yandell, Professor Caldwell and others, invariably produced the desired effect, if used in time, and those who were treated without them, as certainly died."—*Western Med. Jour. of Sci.*

Number of deaths in Boston for the week ending Dec. 25, 38.—Males, 20; Females, 18. Stillborn, 2. Of consumption, 5—dropsy, 1—scarlet fever, 9—old age, 2—dropsy in the head, 2—croup, 3—infantile, 3—brain fever, 1—disease of the spine, 1—erysipelas, 1—dropsy on the brain, 1—dropsy in the chest, 1—fits, 1—inflammation in the throat, 1—inflammation in the head, 1.

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Brunswick, October, 1841.

D. 8—eop6t

PARKER CLEVELAND, Secretary.

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SILAS DURKEE, M.D., Member of the Massachusetts Medical Society and of the Boston Medical Association, having been in practice fourteen years, and having had constant opportunity for three years to attend to the diversified forms of Scrofula while in charge of the Hospital Department of a charitable Institution in Portsmouth, embracing more than one hundred inmates, respectfully announces that he will devote special attention to the treatment of that disease. He has taken the large and convenient house No. 26 Howard street, Boston. The location is retired and airy, with every accommodation for invalids from abroad. He has also made ample arrangements for administering medicated baths, and for the general treatment of patients according to the methods most approved by the profession in this country and Europe. Board from \$3.00 to \$5.00 per week.

Boston, Nov. 29, 1841.

D. 1—eop6w

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A. 19

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June 19

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WEDNESDAY, JANUARY 5, 1842.

No. 22.

COMPTONIA ASPLENIFOLIA. SWEET FERN.—A REMEDY FOR THE
TÆNIA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS is an indigenous shrub, from two to four feet high, growing in a shallow soil, in rocky situations, throughout the northern and southern States. Its generic name was given it by Dr. Solander, in honor of the Right Rev. Lord Bishop Henry Compton, of London, a distinguished cultivator of exotics. It is placed in class 19, order 3, of Eaton—50th natural order of Linnæus (amentaceæ), and 99th division of Jussieu's Natural Taxonomy.

Botanical Description.—Male flowers, ament cylindric; with calyx-scales 1-flowered; corol 2-petalled or without petals; filaments forked. Female flowers, spike ovate; calyx-like corol 6-petalled; styles, 2; nut, 1-celled, oval. Blossoms in April. Leaves alternate, alternately crenate-pinnatifid, revolute, ciliate; resembling those of the spleenwort (asplenium); hence the specific name. Shrub very branching; branches reddish; recent ones pubescent. The engraving represents a small branch of one summer's growth.



Medicinal Properties.—It is classed with astringents by Linnæus, and is considered aromatic, astringent and stomachic by Jussieu. Drs. Barton and Bigelow ascribe to it astringent and tonic properties. It has frequently been used with very happy effect in cases of diarrhœa and of general debility; and the decoction, as a fomentation in rheumatism. In cholera infantum it has, also, been much used. Dr. Barton, in his "Vegetable Materia Medica," says "the decoction sweetened forms an extremely grateful drink for children in the summer complaint, and from its moderate astringency and bracing and tonic effect on the bowels, it will always be found to be an useful auxiliary in the treatment of this disease. I gave it, last summer, to one of my

children, in this complaint, and with encouraging success." Shæpf ascribes to it still other virtues.* Recently it has been gaining considerable celebrity as an anthelmintic; especially has it been supposed to be an useful remedy when properly directed for the removal of the tænia. The following is in favor of the supposition.

Case.—Mr. I. F., of U., æt. 35, formerly a merchant in Boston, had for many years been attended with symptoms peculiar to worm cases, and for twenty years past had voided, from time to time, portions of a tapeworm, some of them measuring several feet in length.† He had tried the remedies usually prescribed in similar cases, having gone quite through the catalogue of medicines denominated anthelmintics, but all to little purpose, as portions only of the worm could be got rid of. After he went to reside in the country in 1840, the *Comptonia* was recommended to him by some friend or neighbor; and he determined to give it a trial. He used it, therefore, in the form of a strong decoction or infusion, drinking large quantities daily for several days, then stopping its use for a short time and taking a brisk cathartic in the interval. This process he often repeated, and generally succeeded in removing a greater or smaller number of joints at each effort. One morning in July, 1840, he called to me from his door, saying he had something to show me. I walked to his house, and there found the troublesome animal exposed to view. It appeared of such enormous length that I at once proposed to take the measure of it; and the gentleman complying and lending his assistance, we found it to be forty-two feet long. Mr. F. had, for two or three weeks previous, been taking the sweet fern tea in larger quantities than usual, and the evening preceding the expulsion of the worm, he took an active purge. During the cathartic operation he discovered that the tænia was slowly passing, and for fear of its breaking off at one of the joints as it had done on all former, like occasions, waited patiently, sitting upon the stool nearly two hours, occasionally making very gentle effort till it passed; and an examination of the smaller extremity proved that we had now before us the *whole* "beast with its hydra heads," fairly vanquished.

It was the tænia *osculis marginalibus* (tænia *solium* of Dr. Good—*lumbicus cucurbitinus* of Dr. Heberden), the oscula being placed on the margin of the joints.

After this worm was expelled, the peculiar symptoms that had attended Mr. F. disappeared, and health returned.

Remarks.—Might not the *Comptonia* be serviceable in cases of alvine worms of every species, by stimulating the mucous coat of the stomach and intestines to a healthy action, by means of its peculiar tonic and astringent qualities, though it may have no *specific* action on the worms themselves? It is well known that the lining membrane of the alimentary canal, in individuals most afflicted with these animals, is in a relaxed and rapid condition, and of course, its secretion vitiated; hence it would seem that one important end to be gained in the treatment would be to restore to that membrane its proper tone. As there appears to be a disposition in the alvine canal of some persons, children especially, to cherish

* Shæpf, *Materia Medica*, p. 142.

† Reference is made to this case in the "Medical Miscellany" of the *Boston Medical and Surgical Journal*, Vol. XXII., p. 418.

worms, owing, no doubt, to an altered secretion, this remedy might prove salutary by preventing their re-accumulation after a number of them has been expelled.

E. G. WHEELER.

Providence, October, 1841.

FEMALE ACCOUCHEURS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Will you allow me to occupy a small space in your pages, with a subject in which I have been very much interested from the commencement of my professional career. It is the practice of midwifery by females. Every enlightened physician will cheerfully favor this proposition, if females can be found properly qualified by knowledge, and well adapted by character, for the performance of the duties of a midwife. That females may be found capable of being qualified, there cannot be any doubt, at least for the management of all cases which do not require instrumental aid. Having attended the Hospitals la Maternité and la Clinique at Paris, for several weeks, I have had a good opportunity to judge of the capabilities of the *Sages Femmes*, who were connected with these institutions, and to know that they were qualified to conduct and did conduct almost every case, while I was in attendance. In this country, of course, the same facilities for instruction cannot be had by females, as are had by the midwives of Paris. But, the same facilities can be had by them here, which are possessed by most of our medical students, and indeed greater advantages for a practical knowledge of the art, which it is unnecessary to speak of especially.

If, then, it is admitted that females can be properly qualified for the performance of the duties of midwifery, the propriety of entrusting them with these duties will not be questioned. Of course, when accidents occur, or when any of the diseases arise consequent to labor, the immediate advice of a physician would be required. The occurrence of accidents, and the development of disease, however, are very rare. They are as likely to occur in a case in the charge of a physician, as in one in the charge of a midwife.

In order to have skilful, intelligent and trustworthy midwives, they should receive instruction from a physician, and have their qualifications certified by him. In our city there are many women of good intelligence and of excellent character, engaged in the duties of *nursing*. This class of women are well known to the physicians, and they, almost universally, would be pronounced by them to be capable of acquiring by study a good, practical knowledge of the art of midwifery.

To promote the great object set forth in this paper, I am confident that every physician of refinement and dignity would furnish such aid as he might be capable of giving. Motives of pecuniary gain would not be allowed to influence such men. I am proud to say, that in our city, such is the character of the gentlemen in the practice of medicine, that a class of females who should engage to qualify themselves thoroughly for the duties of midwifery, would have their cheerful aid and encouragement.

My intention in this paper being only to call the attention of the profession, especially in our city, to the subject, I will leave it for the present without further discussion. I shall take occasion soon to make some propositions to carry out the proposed plan. G. D.

Boston, Dec. 23, 1841.

DRS. CARPENTER AND PAINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It has been stated, I think, in your Journal, as well as elsewhere, that Dr. Paine, of New York, had detected Dr. William B. Carpenter, the learned and distinguished physiologist, of Bristol, in England, of gross plagiarism, viz.: of taking passages from the works of the Rev. Dr. Channing and publishing them as his own. I have never read Dr. Paine's pamphlet in which this charge is said to be contained, but I believe my statement is correct. The opinion I had formed on the subject will appear from the following paragraph.

I lately had occasion to talk with a personal friend of Dr. Paine's on this subject, and then said in substance, that I had great confidence in Dr. Paine's character for integrity, and did not doubt that he believed his statements to be correct; but that, without investigating the matter, I must believe there was some error in the case. This I founded on the high character of Dr. Carpenter. My opinion of Dr. C. was founded, in part, on what I had heard of him, from those who know him personally, and in part on his writings. It is, I think, impossible to read Dr. C.'s writings without perceiving in his mind that holy regard for truth which is inconsistent with the conduct charged on him. With this view of the case, I loaned to Dr. P.'s friend, above referred to, Dr. Carpenter's *Comparative Physiology*, as the best way of vindicating his reputation until something more should be heard on the subject.

I have now received from Dr. Carpenter the paper which I enclose, and which I beg you to copy in the next number of your Journal.

December 23, 1841.

I am your obedient servant,

J. JACKSON.

Copy of a Letter from DR. W. B. CARPENTER, of Bristol (England), to PROF. DUNGLISON, of Philadelphia, in reference to certain charges made against the former, by DR. MARTYN PAINE, Professor of the Institutes of Medicine in the University of New York, in his "Examination of Reviews, &c."

Bristol, Nov. 16, 1841.

MY DEAR SIR,—

Having just received from Dr. Paine a copy of his "Examination" of the Critique on his Medical and Physiological Commentaries, which appeared in the April No. of the British and Foreign Medical Review, I find, to my great surprise, that Dr. P. has thought himself justified—not only in singling me out as the author of it, and in animadverting upon what he considers to be *its* misrepresentations, as if they were *mine*

(thereby attempting to make that a matter of personal discussion between us, for which the Editor of the Review holds himself responsible)—but also in fixing upon me a charge of literary plagiarism, which is calculated, if I allow it to remain uncontradicted, to do great injury to my personal as well as to my scientific character.

Before going further, I must express my astonishment that any person holding the position which Dr. Paine occupies, should commit himself to so grave a charge against an individual, to whose discredit he *knows* nothing, upon evidence so flimsy as that which he adduces;—especially as he must have been aware that, from the distance of the accused party, his defence could not be laid before the public until many months should have elapsed since its publication, during which time an injurious impression would have been formed not easily to be eradicated. And I think that I have further a just right to complain, that Dr. Paine's inculcation of me is not confined to surmise; but that, after he has proved his point to his own satisfaction, he has taken it for granted, and, throughout the latter part of his pamphlet, has continually coupled my name with the accusation of gross plagiarism.

The evidence which Dr. P. adduces in support of the charge, is briefly the following:—Having made up his mind, from certain coincidences of opinion and expression, between the Critique on his Commentaries and my Principles of Physiology, that I must be the writer of the former, he has searched in previous Nos. of the same Review for articles written, as he imagines, by the same author. In this search he thinks himself assisted by references occasionally made from one article to another—the complete fallacy of which kind of evidence is exposed in Dr. Forbes's letter. Upon the same evidence, I must have been the reviewer of my own work; and I am not certain whether Dr. P. does not mean to insinuate as much. Any person, however, who carefully reads that review, which I did not see until it was in print, may find abundant evidence of the absurdity of such an idea. With respect to the other chief source of Dr. P.'s evidence—coincidence in opinion, and in the mode of expressing it—I will only say that Dr. P. shows great ignorance of the state of physiological science in this country, if he imagines that the opinions expressed in my Principles, on the subjects alluded to, are at all peculiar to myself; and it is very natural that one writer should almost unconsciously adopt the phraseology of another who has recently treated of the same questions, when desiring to express the same ideas.

So much for the evidence on which Dr. P.'s charge is founded. I have thus examined it, merely to show how unjustifiable it was in Dr. P. to charge me with the perpetration of a gross literary theft, upon no better grounds. The charge itself—that in a review of Hunter on the Blood, in a former volume of the same Journal, I unceremoniously adapted certain passages from Dr. Channing's Essay on Milton, to a very different purpose—is very easily disposed of. *I did not write that review.* To those who know me, my simple denial would, I am confident, be amply sufficient; but for the satisfaction of Dr. Paine, who, in his ignorance of my character, may think me as capable of asserting a falsehood, as of stealing a paragraph, I enclose a note from Dr. Forbes confirmatory of my assertion.

Dr. Paine considers that his identification of me with the plagiarist is triumphantly confirmed, by a correspondence which he imagines that he has detected between certain passages in my *Principles of Physiology*, and others which he has selected from Dr. Channing's Sermons. I am myself completely at a loss to discover this correspondence; and my friends here find it equally difficult. The falsity of this charge is as easily proved as that of the other: for *I have never* (I speak it almost with shame) *read the Sermons* from which Dr. P. quotes. The ideas which I have expressed, have so long been familiar to my mind, that I cannot imagine that they involve anything peculiarly *Channing-ian*. If any correspondence do exist, it is easily accounted for by the fact, that I received my education from one, who was for many years the respected and attached friend of that illustrious man, and whose mind, cast in the same mould with his, impressed mine with those habits of thought, which have led to whatever similarity may present itself between our published opinions.

In regard to Dr. Paine's criticisms upon the scientific opinions I have expressed in my *Principles of Physiology*, I shall not now offer any remarks; nor do I intend to take up the gauntlet from an opponent who has shown himself so destitute of judgment and of good feeling. Of the merits of our respective productions I am quite content to leave the public to judge.

Having few means of placing my statement before the medical public of America, save through your mediation, I take the liberty of so far trespassing on your kindness, as to request you to gain insertion for it in such Journals as may give it a circulation equal to that of Dr. Paine's calumnious charges against me.

Believe me to remain, dear sir, respectfully and sincerely yours,

WILLIAM B. CARPENTER.

[Dr. Forbes's letter, referred to above, as it is intended merely to confirm Dr. Carpenter's statement, is omitted.]

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—ESSAY VIII.

DEATH FROM THE PRICK OF A PIN.

It is curious to perceive how soon a new disease, when it is first described in any one part of the world, is recognized in every other part—and this in maladies which never were known anywhere as epidemics, and even in those which are caused by accidents. Whether this is owing to certain modes, habits, new articles of food, or old articles becoming deteriorated, all which may extensively occur, or to atmospheric changes, it may be difficult to decide. Or, again, are the accounts of new phenomena of this kind owing to the greater accuracy of observation in the moderns over the ancients? nothing being more common than for thousands to see what one man has discovered, but to which they would have remained forever blind had it not been shown them. In Dr. Good's last edition of "*The Study of Medicine*," issued from the press so lately as 1825, are ten or a dozen descriptions of diseases claimed to be "*strictly original*"*

* See Advertisement to his second edition, p. 8.

—cases of all which may, we believe, be found described in subsequent periodicals, as having been seen in various parts of the Old and New World. Of these, that which has impressed us as the most striking, is Erythema Anatomicum. Whether from the very slight cause from which it arises, its great liability to be incurred, its often ending in death, and the more than deathly sufferings which it entails on the afflicted, if he survives—as also its being accompanied with typhus fever, in which point of view it falls directly within the scope of our observations, it is exceedingly interesting.

We have, in our former Essays, adverted to the great rapidity with which causes producing fever sometimes act. And this celerity will be found as remarkable in the disease under consideration, perhaps more so, than in any other. In the fatal case of Dr. Cumming, related by Dr. Good, the local effects were felt in *about eight hours*. A restless night was passed—towards morning a severe rigor was experienced, succeeded by pyrexia, and death on the eleventh day. The injury received, if any, was so very slight that the doctor was not sensible of it. He was present at the dissection of a corpse, in which he took no part, and merely threaded a needle for others to sew up the body. Nor was he sensible of a pimple or scratch on his fingers, or of puncturing it in threading the needle. His first uneasy sensation was felt in the middle finger of the left hand, at the inflexion of the first joint, where, upon examination, was found a small, angry pimple. That there was something more than the mechanical injury, and that some virus was received from the corpse, in which death had been occasioned by puerperal fever, must be admitted. And this receives confirmation from the fact that a young woman who washed a towel which was used about the body, instead of a sponge, and who scratched her finger with a pin which was left in it, received the same disorder in an alarming degree, but finally recovered.

In the case which we are about to relate there was no dead body. But the patient pricked the middle finger of her right hand, at the inside middle flexure of the joint, with a pin left in a cloth which was used in fastening poultices to the feet of a young woman in scarlet fever, and which she was washing. She was a healthy, portly woman, of the African race, married, aged 62. This was on Saturday, Nov. 28th, 1840. Uneasiness, restlessness and wakefulness, occurred the same night, with pain in the finger. I saw her first on the Tuesday succeeding; found her with a tongue completely coated, white, the pile long; pulse quick and feeble, indeed with complete typhus fever. Pain extreme in the finger, which was very much swollen, as well as the back of the hand. But there was not at this time, nor at any time succeeding, any glandular swelling of the axilla. The affection seemed principally confined to the injured part, so far as it was local, for the first fortnight; and appearances at one time seemed favorable to its ending locally, as about the seventh day matter appeared between the injured finger and the one next to it. It was yellow and looked well to the eye, except an air-bubble, which is never seen in matter really healthy. The smell was offensive, the discharge rather copious. Arm and finger very much swollen, and not much diminished by the discharge. The pain continued pretty much

about the injured finger and arm, till the fourteenth day from the accident, when pain and swelling commenced over the ribs of the right side, and subsequently extended to the hip. These parts, by the early application of blisters, were prevented from suppuration. But three days afterwards, being the twentieth from receiving the puncture, the disposition of the swelling to wander over the body was strangely evinced by her bowels being swollen as much as in an extreme case of ascites. Diuretics were accordingly used. The next day the pain left the finger, and severely affected the left side. The discharge from the finger was rather copious, and the swelling of the arm somewhat diminished. On the back of the finger a sinus had formed an inch long, one third of an inch wide, and about the fourth of an inch deep, beginning at the knuckle joint. She can only be kept comfortable by large and repeated opiates.

On the 22d of Dec., the abdominal swelling having abated, an immense tumefaction was discoverable in the glutei muscles of the side opposite to the injury. It was as large as a large plate, and hard as a board, involving the hip of the same side. It burst just five weeks from the prick of the pin, and discharged, as nearly as could be ascertained, from a quart to three pints at first, and continued to discharge, with another orifice which afterwards opened, to nearly the close of her life. She died Feb. 24th, ninety days after the accident, worn out with fever and universal irritation, and weakened with purulent discharges.

Of the universal irritation, it may be well to remark, that every joint seemed to partake of it, as was evinced by her screeches when she was moved, which I observed that her attendants did very cautiously, and in a blanket. I was careful not to diminish the discharge from the injured finger, for I repeatedly observed, that if it diminished, either fever, pain, or a disposition to a new swelling, was the consequence.

This case differs from erythema anatomicum, as described by Dr. Good, as he decidedly makes that disease to affect the glands of the armpit, and not to have much if any affection complained of in the part which was punctured. It is therefore doubtful whether this colored woman's having received the wound whilst washing the bandages of the girl who had scarlatina, had anything to do in aggravating the case. And yet from its strange and eccentric symptoms, I should incline to think it did. For the evidence adduced by Dr. Good fully goes to prove, contrary to M. Magendie's opinion, that there was no putrefaction in those bodies from whence the disease was contracted; neither in the several cases which he gives in detail, nor in ten others of which he received an account from various sources afterwards, but too late for insertion.

A peculiarity of existing fault in the habit has been resorted to in order to account for such very serious effects from trivial causes. And this seems to be Sir Astley Cooper's view, when he relates that few or none of the young men have any similar affections when they arrive at the hospitals in the fall; but that after their frequent intercourse with the wards and stay till spring, they become liable to them. This is directly the reverse of that state of constitution which is most obnoxious to yellow fever, which, as we learn from all quarters, is most apt to seize upon new-comers upon their first arrival. We are on the whole inclined to

agree with Dr. Good, that the malady cannot, in most instances, be traced to any existing previous vice in the habit. Nor can it in all cases be referred to any contamination derived from either living or dead bodies.

A few years past, Capt. H., a hale healthy-looking man, was shelling Indian corn with his hands, when he perceived a slight excoriation inside of one of his fingers. From that time the finger became swollen and painful, involving the hand and arm, which became gangrenous, and was amputated. Here it was hoped the disease would end. But the other hand and arm, without any lesion, became similarly affected, and his surgeon announced to him that he must lose it also. This he refused, saying he had rather go altogether, and he died.*

Erysipelatous inflammation has the migratory tendency which we perceive in the case of the colored woman. Now erysipelas is a frequent affection of the skin, but seldom of the cellular substance. But the peculiarity of *erythema anatomicum* is, that it has a tendency to seize on and spread about the latter; and also, as we should infer, to seriously injure, and where life is prolonged, to totally destroy the capsular ligaments of the joints.† A melancholy case of this is narrated by the sufferer of this malady, who lost the testicle of the affected side, and had a contraction of the arm, shoulder, and knee-joint, with the loss of general health, whilst the disease was unsubdued, and continued to progress.

Physiology and pathology have thrown more light upon anatomy than they have ever received from it; no anatomist ever yet having been able to tell the symptoms which accompanied a disease, by post-mortem inspection only. The physiologist and pathologist, however, have been enabled to indicate the affected viscera and tissues, by the signs and symptoms of the sick patient. The seats of excruciating pain, as of the forehead, the limbs, the ear, the eye, and the joints, seldom leave any traces in the dead body. But examinations of this kind are always important, as they serve to point us in other directions to look for them, and sometimes to shed light upon the mysterious principle of sympathy; and we were forcibly impressed with the interesting points of pathology which they may ultimately develop, when we lately noticed a case in which the internal viscera of the dead appeared as had the tongue when living—*covered with a white fur*.

It being now well ascertained that inoculation with a particle of matter from a dead body, can produce typhus fever, with that peculiar train of distressing symptoms dependent upon erythema anatomicum, it is a just inference to draw, corroborated by facts, that certain slight mechanical injuries will sometimes induce the same kind of erysipelatous inflammation. We do not suppose that there is the difference here which at first sight appears. In those instances where the fever, and other affections, begin with a mechanical injury, we are of opinion that an effusion and subsequent deterioration of a small quantity of matter ensues; in fact, that what was just before a part of the living body, is extravasated and dies, and has the same ultimate effects as if it had been received by the prick of a needle, which had been used in sewing up, or a knife which had

* We did not attend Capt. H., but had the particulars from his surgeon.

† See Dr. Good's note to his advertisement, 2d edition.

been used in cutting, a dead body. And what a glare of light this throws, when the frequency of spontaneous effusion and extravasation is considered, upon the cause of typhus, and all other fevers, every medical man will at once perceive. The pathology of locked-jaw is deducible from the premises herein embraced, which the medical scholar cannot fail to appreciate. But as we are more particularly engaged upon the pathology of fever, we forbear deviating into other paths.

How difficult a matter it is to discover the real nature, and to define the real presence, of fever, may be inferred from the various and conflicting opinions of physicians in all ages. That all fevers depend upon an inflammatory affection of some viscus, is not a new opinion, as it is mentioned by Senac, physician to Louis XV. Dr. Senac died in 1770; and if he did not originate the almost universal use of the lancet, he certainly used it as extensively as any one of whom we have any account, either before or since his time. He would even bleed in the profuse sweats which sometimes succeed intermittent fever,* as well also when it was malignant as when it was mild, and “in severe gripings or spasms of the stomach or intestines.”†

His attachment to the free and frequent use of emetics was as great as to venesection. It was a remark of his, that in some seasons, and in some local situations, the bark will not cure intermittents, but does more hurt than good. We respond to this opinion of his, but believe it may be obviated by combining it with mild aperients, diuretics and sudorifics; such as an equal quantity of the cream of tartar, with each dose of bark, to be washed down with a pint of warm sage tea, or vinegar whey. The cream of tartar proves gently laxative and diuretic, and the potion to be drank after it throws open the pores. Bark is deleterious if any one of the natural excretions is deficient; or if there be congestion, inflammation or pain. In such states of the system it adds “*fire to fire.*” Senac’s method of preventing the cold fit by the exhibition of five or six pounds of light tepid herb-tea, merits notice; as it may be more extensively employed than in intermittents.

The opinion of Senac, that when emetics are omitted, in intermittents, their cure becomes stubborn and protracted, may be with propriety applied to other fevers. And that these difficulties can only be overcome by resorting to them in their advanced stages, when they have been previously neglected, is consonant to reiterated experience. Although Senac was so great an advocate for the use of the lancet, he displays his candor by stating that the King of Spain, and others, have lost their lives by bloodletting. We have, in a former publication, expressed our own opinion that General Washington fell a victim to too great a loss of blood; having repeatedly experienced that in throat affections, inflammation of that part, even when seemingly as intense as that of the thoracic and abdominal viscera, will not bear so well that evacuation. Emetics, especially of powdered mustard seed, and gargles of the same, however we may account for it, seem more safe and salutary. Our own theory is that mucous congestion constitutes a primary feature of croup and swelled

* See his *Treatise on the Hidden Nature and the Treatment of Intermittent and Remitting Fevers*, translated from the Latin, by Charles Caldwell, M.D., p. 278.

† *Ib.* 284.

throat, and hence that it is rather mucus than blood that needs removing. Who ever cured a case of croup without witnessing copious ejections of mucus, either by vomiting or expectoration? Hence the *rationale* of giving seneka, squills, calomel, tartar emetic, and mustard.

Of relapses in fevers it remains to say something. Some have observed that these are most apt to occur at weekly periods, and assign as a reason that a week is the fourth of a lunation, and lay the blame to the moon. The hebdomadal division of time, pointing to a weekly day of rest, has been supposed by others to influence diseases. We have heard, and have known something, of Sunday headache; but have never suspected that the phases of the moon, or the recurrence of the Sabbath, had any unpropitious effect upon fevers. Relapses have appeared to us to be subject to a renewal of those causes which produced the original fever, in a few instances; but in far the greater number to have been produced by either cold, cloudy, damp, or stormy weather, which will undeniably give rise to them when the most cautious care has been taken; as will also the occurrence of extreme cold after a pleasant season, or of very high winds after a calm and serene atmosphere. Eating improper food, or too much of that which is proper—changing the apartment of the sick, even for one seemingly more eligible—sitting up too long—walking out too soon—too many visitors, or too long visits—bad news—cutting the hair, and shaving the beard—have all sometimes occasioned relapses. The period of recovery calls for more care and circumspection than any other. It is that era when, if an inch be given an ell will be taken, and ever causes us more solicitude than any other stage. We have already noticed that relapses in bilious fevers are apt to occur from insufficient evacuations of the first passages. And to the same insufficiency must be referred the serious occurrence of jaundice or dropsy, and sometimes of both. A white substance settling in the urine, whether flocculous or granular, denotes a favorable crisis, and may be considered a test of a well-cleared *prima viæ*. But if the urine exhibits a red or yellow, homogeneous appearance, further evacuations are called for. When we consider what vast functional disturbance may arise from so slight a quantity of fluid as causes anatomic erythema, and that spontaneous extrusions of a fluid are to be suspected as giving rise to effects somewhat similar, we have a clue to many of the phenomena of fever before unaccountable; such as wandering pains, affections of the joints, loss of motion in a limb or limbs, disordered stomach and bowels, swellings, and brain affections, all which we have known to succeed fever, and which we can more easily describe than cure. But the cause of many of these symptoms we feel now inclined to refer to erysipelatous inflammation of the cellular substance and serous membranes. The wandering disposition of inflammation of this kind, strikingly distinguishes it from phlegmonic inflammation. In Nancy Brewster's case, which we have related, this affection seemed at one time to threaten her brain, as her face became swollen, and she was slightly delirious. But the immense swelling of the glutei muscles and hip, and the copious discharge, which from first to last could not be estimated at less than a gallon, probably averted the termination to her head. Such disastrous consequences, ending in death, and proceeding from the prick of a pin, we

were about to remark further upon, but the unexpected length to which we have already extended our remarks warns us that it is time to close.

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BOSTON, JANUARY 5, 1842.

ALBANY MEDICAL COLLEGE.

AMONG the many flattering civilities recently rendered by the Albanians to their Boston guests, nothing, say the medical gentlemen who were so fortunate as to be there, afforded them more gratification than their courteous reception at the Medical Institution. It is greatly to be regretted that more of the visitors were not able to avail themselves of this opportunity. But the hospitality which was shown, and the number and variety of other attractions, permitted but comparatively a few to visit this (in our opinion) greatest attraction of all. The museum of the Institution, owing to the well-bestowed liberality of the State, and the intelligence and enterprise of the Professors, although it dates its origin only to a very few years since, may already safely challenge any similar institution in the Union. Accurate illustrations of the various diseases incident to the human body have with great labor and cost been prepared and appropriately arranged. Our attention was more particularly attracted to the magnificent wax and *papier maché* preparations, which have just been added to the collection. Even the unprofessional spectator could not but be struck with the extraordinary skill and beauty with which they had been made. To the physician and medical student, they are invaluable; and when the explanations which we are informed are to accompany them are finished, it is certain that in its pathological department, the Albany Medical Museum will be the best endowed in the United States.

Through the kindness of Professor Armsby, the medical part of the company were allowed to examine a most perfect set of illustrations of the impregnated uterus, recently added to the museum. They are made of *papier maché*, and represent, with most astonishing minuteness, the various stages of pregnancy, from that of ten days' duration to the full time. Beautiful examples of ovarian and tubal pregnancy were also shown to us, executed in the same faithful manner. In every department of the Institution the industry and intelligence of the Professors were discernible. Albany may well be proud of them, for to their efforts is mainly due the high character which the College holds. It is gratifying to know that a large and increasing number of students attest that these efforts are properly appreciated.

Through the kindness of Prof. McNaughton, a part of the members were enabled to visit the Academy now under the superintendence of the accomplished Dr. Beck, author of the great work on Medical Jurisprudence.

Neither our limits nor the patience of our readers will allow us to prolong this sketch; we will therefore close with simply enjoining it upon all physicians and medical students who may happen to be in that city, not to leave the place without visiting its museum.

Notwithstanding a sentiment that is going its rounds in the papers, purporting to have been given by the editor of this Journal, at the late celebration in Albany, we regret to say that we were not present on the interesting occasion. If the article alluded to possessed either wit or common sense, we should hardly think it worth while to make this disclaimer. The attentions which our medical neighbors received from the profession of Albany, has excited a desire which we hope before long to gratify, viz., to visit their admirably-managed medical Institution in person.

Death of Luke Howe, M.D., President of the Medical Society of New Hampshire.—With the utmost surprise, we perceive in the papers the melancholy announcement of the death of this eminent man, at the age of 50. Within two or three weeks he called upon us, in the apparent enjoyment of perfect health. Knowing nothing of the particulars which led to this unlooked-for event, we wait with impatience a detailed narrative from some of his many friends. As a writer, Dr. H. was eminently practical; and as a surgeon and medical counsellor, he had few equals. Many articles from his experienced pen are interspersed through the volumes of this Journal, and evince the soundness of his views, his judgment, skill, and Christian benevolence of character. In the death of Dr. Howe, New Hampshire has lost a citizen who was an honor to the State, and the medical profession a member who was a pillar in the temple of American science.

Dr. Howe was engaged, at the time of his late visit to us, in preparing for our pages the results of his extensive inquiries and observation on the subject of the "minister's ail." Circulars were sent by him, a year or two since, to several hundred clergymen in New Hampshire and other neighboring States, soliciting information both in regard to this disease and to certain habits which were thought to have an influence upon it. He had been quite successful, he informed us, in the number of answers he had received, and an address before the New Hampshire Medical Society was devoted to the subject. Whether the article was in such progress at the time of his death, that it may yet appear in the Journal, we of course are at present unable to say. It is hoped, however, that the facts which have been collected with so much praiseworthy exertion, will not be lost to the public.

Dr. Howe's various surgical apparatus have been often referred to in the Journal. They were exhibited at the late Fair in this city, and a silver medal was awarded Dr. H.

Embalming the Dead.—Drs. E. and A. Parsons, at No. 3 Winter-street place, have sent a circular to the medical profession in Boston, saying they "have established themselves in this city, with the intent to practise the art of embalming or preserving, for a longer or shorter period, the bodies of those deceased whose relics their friends may wish kept from decay." This is a new thing under the sun, in this section of the world. We think, however, that these gentlemen are well qualified to accomplish what they promise. In France, the act of embalming distinguished persons is customary. The bodies of many celebrated individuals known to us on the page of history, although many years dead, appear as though they were only in a quiet slumber. The natural tendency to decomposition is seasonably arrested—and it is not at all improbable that their bodies may be preserved for centuries to come.

Class-book of Anatomy.—This publication, prepared for the purpose of teaching youth of both sexes the principles of their own organization, and designed to be used in the higher class of schools and academies, having passed through six editions, Mr. Robert S. Davis, of this city, who has the copy-right, will issue a seventh edition soon. Several Colleges have adopted it as a text-book; and the prospect of a still more extensive sale warrants the publisher in giving the forthcoming edition a typographical finish that will command the approbation of all persons engaged in the labor of public instruction.

Geneva Medical College.—Dr. Hamilton's introductory, Dec. 3d, at Geneva, like all his efforts, is vigorous and appropriate to the occasion. Want of room compels us to forego either comments or extracts for the present.

Foreign Correspondence.—Prof. Dunglison will please accept our thanks for his promptness in forwarding a paper which was addressed to him from Europe. We had previously received a copy by the Liverpool Steamer, and also one from another source, and put it in type before his note was received.

Invention of the Operation for Strabismus.—We perceive that at a late meeting of the Academy of Medicine of Paris, M. Velpeau read an extract from a scientific work published in 1743, which gave an account of a mode of "straightening squinting eyes" practised by a Dr. T., at Rouen. His plan was, with a needleful of silk to take up a portion of the conjunctiva of the squinting eye towards the lower part of the globe; and having made a loop of the silk, he pulled up the portion of conjunctiva confined in it, and cut it off with scissors. He then put a plaster over the healthy eye, and the one that squinted became straight. M. Velpeau asked if this fact might not secure to France the honor of the discovery of the operation for strabismus.

Solution of Morphia.—We not unfrequently see prescriptions in which liq. morphiæ, mur. or liq. morphiæ acetat. is ordered. There is, however, no standard strength for these preparations.

Magendie, who is generally considered an authority on the subject, gives the following formulæ:—

"*Solution of Acetate of Morphine.*—Acetate of morphine, 16 grains; distilled water, 1 ounce; acetic acid, 3 or 4 drops; alcohol, 1 gros. The last two are added to keep the salt in solution.

"The dose is from 6 to 24 drops.

"*Solution of Sulphate of Morphine.*—There are some patients who cannot bear the acetate of morphine, but receive benefit from the use of the sulphate. In these cases a solution must be made similar to the preceding, only using the sulphate in the place of the acetate, and sulphuric acid instead of acetic."

The muriate of morphia is much more generally used in this country than the sulphate, and the solution may be made in a similar manner, omitting the muriatic acid, which in excess renders the morphia less soluble. But some chemists, as we are informed, prepare the solutions of

morphia in the proportions of 8 grains to the ounce, and others keep it the same strength as laudanum, which is about $4\frac{1}{2}$ grains to the ounce.

It is evident, therefore, that when these solutions are ordered, unless the strength is specified, there can be no security for their uniform preparation.

This subject is one which, among many others, demands the attention of the Pharmaceutical Society.—*Pharmaceutical Transactions*.

Glanders communicated by a Patient to his Attendant.—A patient was recently admitted to the hospital Necker, laboring under glanders. M. Rocher, one of the medical assistants, was much interested in the case, and paid much attention to it. After the death of the patient he conducted the autopsy, and held in his hands some of the parts, examining them at leisure. On the following night he was seized with shivering, and pain in various parts of his body: by the fifth day tumors were formed in the thigh and shoulder, the former of which suppurated. In three days more another similar tumor formed in the right foot. By the 14th day the lining membrane of the nostrils had become inflamed, with purulent discharge, and pustules formed on the head. He died on the 16th day. A horse was inoculated with some of the matter, and died of the disease. M. Rocher, so far as it could be ascertained, had no scratch or wound about his hands, by which he could have been inoculated, and is supposed to have taken the disease by imbibition, or by miasmatic infection.—*London Medical Gazette*.

Medical Miscellany.—The Transylvania Medical School, at Lexington, Ky., is said to be exceedingly flourishing. The present class is nearly as large as the most numerous class that ever assembled there, viz., 281, in the year 1825–6.—More flattering encouragement has been offered to the Western and Southern Medical Recorder, than the editor expected. No. 2, for December, is here.—A needle, accidentally swallowed by Mr. John Bridges, a solicitor, living near Islington (Eng.), when he was a boy, of 10—more than *sixty* years ago, made its appearance a little above the ankle not long since.—A malignant scarlet and typhus fevers are prevalent in London and the country about—proving sometimes fatal in an incredible short time. Some persons have died in few hours after the attack.

Number of deaths in Boston for the week ending Jan. 1, 33.—Males, 15; Females, 18. Stillborn, 1.

Of consumption, 4—inflammation of the bowels, 1—old age, 3—croup, 1—paralytic, 1—convulsions, 1—scarlet fever, 9—infantile, 2—teething, 3—lung fever, 5—fits, 1—typhus fever, 2.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors for the First District and for the Society on Wednesday, the 26th day of January, 1842, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin place.

Boston, Dec. 27, 1841.

JOHN JEFFRIES, *Secretary of Censors*.

Jan 5—tm

VERMONT MEDICAL COLLEGE AT WOODSTOCK.

THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN R. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Chemistry and Botany, by JOSEPH B. CLARKE, M.D.

Demonstrator of Anatomy, ORMON L. HUNTLEY, M.D.

Fees for the course, \$50. For those who have attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$13. No matriculation fee is charged. Board, including room, fuel, lights, and washing, may be obtained in good families at from \$1.50 to \$2.50 per week.

Woodstock, January 1st, 1842.

Jan. 5.—3m

NORMAN WILLIAMS, *Secretary*.

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporter," and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the flesh. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by	- - - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - - -	DR. WILEY.
Theory and Practice of Medicine, by	- - - -	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	- - - -	DR. PARKMAN.

Rooms for study, fuel, and light, free of expense.

For terms, apply to S. Parkman, M.D., 7 West street.

O. 13—eoptf	H. I. BOWDITCH, H. G. WILEY,	G. C. SHATTUCK, JR. S. PARKMAN.
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MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep.8—eoptf.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eve and Cooper's Cases; Scarificators, Catheters, Bongies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, JANUARY 12, 1842.

No. 23.

ON THE TREATMENT OF VARICOSE VEINS BY THE NEEDLE AND
TWISTED SUTURE.

BY T. B. PEACOCK, ESQ., EDINBURGH.

CONSIDERABLE doubt prevailing in the minds of many practitioners as to the safety and efficiency of the plan of treating varicose veins by the needle and twisted suture, I beg to offer the following remarks on the results of its application in cases which have fallen under my notice.

I was first led to make trial of this plan from reading the report of a case by Mr. Melvin, in the No. of the London Medical Gazette for July 7th, 1838, and I have since applied it myself, or seen it made use of by the surgeons to the Chester Infirmary, in at least thirty cases, of several of the most important of which I have retained notes. The plan adopted has been that recommended in the paper referred to, of passing a common curved suture needle under the vein, constricting it with a thread in the figure-of-8 form, and having turned the needle on its side, retaining it there by straps of adhesive plaster: at the end of two or three days, the ligature, if only moderately tightened at first, will require to have a fresh one passed over it; and in two or three more the needle may be removed. Several different methods have been proposed for effecting the obliteration of the vein by the needle; but this, which was originally introduced by Velpeau, as being the most simple, is that which I have always adopted. The length of time which it will be necessary for the needle to remain will depend on whether it is intended simply to excite suppuration, or to ulcerate out; the last being the course which I have usually followed, as in one or two instances, in which the needle was withdrawn after exciting suppuration, the obliteration of the vein was found not to have been effected. This plan has, however, been objected to as leaving a sore difficult to heal afterwards; but in only one instance have I seen it attended by any such result. For the needle to ulcerate its way out, the time usually required will be from a week to ten days; but it will vary greatly according to the state of the part in which it is applied: in the immediate neighborhood of an ulcer, where the skin is thin and inflamed, a day or two will often suffice to commence the ulcerative action, and three or four for the needle to escape; while, when inserted some distance from the seat of disease, and beneath sound integument, the process will require ten days, a fortnight, or even longer. Thus, in a case lately under my charge, where the needle was inserted beneath a tender sinus on the instep, leading to a small ulcer about an inch above, it ulcerated

out in three days: while at the same time, in another case, a needle was placed under each saphena, and one beneath the common vein, at their point of union; the needle on the anterior branch was not removed till the twelfth day, and the other two not till the nineteenth. I have since seen two instances in which the needles were retained till the end of the third week. Generally speaking, when inserted over a bone, they excite ulceration more rapidly than when upon soft parts; and I am inclined to think that, in the last situation, they are more apt to give rise to an undue degree of inflammation; at least, in the only two cases in which their application was followed by troublesome abscesses, they had been inserted beneath sinuses in the calf of the leg. Considerable pain is sometimes excited by the operation, but it usually soon subsides; and I have not, in any instance, known tenderness to extend in the course of the vein above two or three inches from the point of constriction; and in none has it resisted ordinary treatment: indeed, in no instance which I have seen have any serious symptoms resulted from the operation.

The cases in which I have found this treatment applied have been in small irritable sores remaining after the bursting of large varicose sinuses, inveterate ulcers connected with a generally enlarged condition of the veins of the limb, and œdema of the leg and ankle, either simple or attended with a serous discharge from the skin; and in all of the cases but two in which I have seen it had recourse to, the results have been most satisfactory; and in these, as only one needle was inserted, and other sinuses were left unobliterated, success was hardly to be expected. The number of needles which I have generally seen inserted has been three or four in each limb, but, in some instances, five or six have been applied; the rule adopted having been generally to insert in a case of varicose ulcer one under each enlarged vein an inch or so below the ulcer, and again on each trunk a few inches above it, selecting for the points of their insertion the largest sinuses. Sometimes I have adopted the plan mentioned by Mr. Dodd, of placing on each vein two needles an inch or an inch and a half apart, so as to effect adhesion of the sides of the intervening tract; and in these cases the main trunk will, after the cure is effected, be often found contracted to a firm cord up to the point at which the next large vein communicates with it; while, where a single needle only is inserted, the portion of the sinuses around is often not affected by the operation.

The effect produced on the sore by the obstruction to the course of the large veins in connection with it, is often most rapid; the inflamed margin gradually subsides, the edges become depressed, granulations spring up, and cicatrization quickly proceeds; and sores which have been liable to bleed entirely lose that tendency, the granulations becoming firm. I have, however, observed what has been noticed before by Mr. Dodd, that the healing process was not equally rapid throughout, the good effect produced by the needles sometimes gradually subsiding, and considerable difficulty being experienced in obtaining the entire healing of the sore.

In this way ulcers which had long been under treatment, without deriving any advantage, have, in several instances, been cured, and others which were found to return as soon as the patient resumed his work, have,

by the aid of a laced stocking, been kept healed; indeed, not only does it appear to be a rapid method of effecting the cure of these cases, but I am inclined to regard it as also a more permanent one. The first case in which I made trial of the practice was one of œdema of both legs, attended with excoriation of the skin, and a foetid discharge, connected with a very varicose state of the large veins. The man, by trade a ropemaker, had been repeatedly under treatment before with very partial benefit; and no sooner did he resume work than the disease returned. On this occasion he had been subjected to the ordinary treatment during a month that he had resided in the Infirmary, but with little or no advantage. Under these circumstances, as the case seemed to offer a fair opportunity for treatment with the needles, three were inserted beneath large sinuses in one leg, which was nearly well before the same plan was adopted in the other. He was discharged, entirely cured, on needles being introduced in the other limb, in six weeks from the commencement of the treatment. Two years have now elapsed, and he continues perfectly free from any return of his complaint.—Of two men one had suffered from varicose ulcers on both legs for nine years, the other for five; and both had been several times under treatment in neighboring infirmaries, but no sooner did they return to their work, that of cotton-spinning, than the ulcers again broke out. Seven needles were inserted in the legs of one, and three in the other; and both were cured, one in seven, the other in three weeks, and continued so for at least four months, during which I had an opportunity of noticing them. Indeed the absence of any pain, swelling, or weakness in the limbs, which they said, as healed before, they had always found to continue, and the sound appearance of the cicatrices, afforded a fair prospect of permanent cures having been effected. The state of the limb afterwards, and the pale, healthy-looking cicatrices, form a great contrast between cases treated by this and by the ordinary methods.—I had a case recently under my charge, in which an ulcer, fully the size of the palm of the hand, was entirely cured in little more than a month, and this notwithstanding that copious suppuration was excited by the needles in the cellular membrane of the calf of the leg. This patient had previously been subjected to treatment for four months with every advantage of circumstances for the cure of a sore in the same situation; and the case was further interesting as being attended by severe pain in the sole of the foot—an occurrence which was met with in one of Mr. Dodd's patients—and having been an old man of 70; while Bonnet, in an essay on this subject published in Paris, has stated that the operation will not be successful after the age of 60, in consequence of the indisposition of the blood to coagulate, and that it should not be attempted. I heard of the man several months after his discharge; he was following his work, and his limb continued sound. I regret that, in consequence of most of the patients on whom the plan was tried in the Infirmary residing at a distance, I am not able to speak of them after they left the Institution.

The above remarks were written more than twelve months ago. I have now nothing further to add than that additional experience fully confirms the opinion expressed of the safety and rapidity of the cure of disease dependent on varicose veins, by the plan referred to, and I have

reason to regard it as also a permanent one, care being of course taken to support the limb by a laced stocking or bandage, as otherwise the same cause which first gave rise to the varicose condition of the veins will lead to the dilatation of fresh ones.—*Lon. Med. Gazette.*

MALIGNANT SCARLET FEVER IN LONDON.

BY THOMAS LITCHFIELD.

I NEED not point out to my professional brethren the peculiarly contagious nature of scarlatina maligna; for, unfortunately, it is too well known when it assumes a typhoid character, and enters the abodes of the poor. Yet after many years' fair experience, I have never witnessed it to assume so many protean changes, or have so malignant and ultra-contagious a form as lately, and owing to which its ravages have been most alarming. In too many instances twenty-four hours have sufficed to destroy the patient; some have fallen victims in two days; and cases have unhappily presented themselves, where the *extreme malignity* of the poisonous influence has prevailed so far as to produce comatose symptoms, followed by convulsions of the most alarming character, ending very shortly in death. Within an hour or so after the headache and sickness comes on, the latter symptoms appear; the evening, perhaps, ushering them in, and the morning closing the scene. All these assaults have fallen on the young; and where medical resources and other means are too often crippled by the difficulty, not alone in contending with a terrible malady, but with such childish patients.

One of the most alarming forms of this disease has shown itself thus: Within six or eight hours after the primary symptoms, the efflorescence has appeared *all over the body*, assuming a darker hue than usual (especially around the throat), and leaving the countenance pallid and ghastly. Within a short space the throat swells so rapidly, as to produce convulsive efforts to swallow, and soon after the patient is suffocated.

Again, when the eruption has been trivial, and the first attack slight, œdematous symptoms have shown themselves with alarming dyspnœa, when, spite of every effort (for a few hours alone have in such cases been the usual period allowed for the resources of art), effusion has taken place so rapidly into the thoracic and abdominal cavities as to destroy vitality. One instance of each case may answer for all.

I was sent for to a fine boy of about five years old, and found him laboring under the comatose state, and directed as well as watched the treatment I had ordered, and left him somewhat better. It was about six in the evening when I saw him, and before daylight he was dead.

The next case was that of a child, of about the same age. His symptoms at first were but trivial, and he was advancing (apparently) towards convalescence. On the fourth night the father came hurriedly, requesting my attendance. He said the boy had eaten a hearty dinner, and appeared in health about two o'clock, but was afraid he was not so well from it. I found the poor little fellow laboring for breath, with œdematous limbs and face, and intermitting quick pulse; in fact, evidently sinking, and merely

struggling for breath. He was a corpse the next morning. This child I examined, and found the lungs, heart and abdominal viscera overwhelmed by serous effusion; the cellular tissue simply œdematous. All this had been unperceived the morning before the night of the attack and its fatal catastrophe.

Many cases of effusion have not been followed by such fatal terminations; in such, convalescence has taken place when time has been permitted for artificial resources, the œdematous puffiness becoming *anasarcous*, and the fluid diffused. In some instances the limbs have swollen considerably, as well as the scrotum; and in two instances I let off the serous accumulations by acupuncture, keeping up the remaining stamina by stimuli, with good beef-tea, and other light but nutritious diet. In the majority of cases, however, the assailing power was so strong, as to place at defiance every resource that art could command.

One poor but respectable man lost all his three children, each case varying, as I have mentioned; the elder child having the sudden, dark-red efflorescence, and livid face; the infant sinking from swollen glands, producing suffocating inanition; and the other one dying two days since (after an apparent rally), from the rapid effusion on the organs of vitality.

In conclusion permit me to add, that I have witnessed nothing equal to the fearful character of this pestilence, and which, I am sorry to say, has arisen, as all these evils do, from the haunts of the poorer classes, where cleanliness is little known, and where irregular and bad diet is too often found. I have given but a faint outline of this visitation, and which, I have but little doubt, has been witnessed, *or will be witnessed*, elsewhere.

—*London Lancet.*

November 8, 1841.

SETON AND TENTS OF SLIPPERY ELM BARK, IN RECENT COMPOUND FRACTURE OF THE TIBIA.

BY WM. WATERS, M.D.

ON the 25th of May, 1840, William Lemmon, in the employ of the "Rail-road Company," had both legs severely fractured by the burthen cars running off the track between this place and Monocacy bridge. His legs were caught between the locomotive and the tender, and he was thrown entirely over the engine, from whence he was brought to town. The right leg was so severely crushed, and the main vessels were so much injured, as to require immediate amputation—in which I was assisted by Dr. Ritchie and Mr. B. E. Hughes, one of my students, and Dr. Wm. B. Tyler joined us while under way. The left leg was not so seriously injured. The fracture was compound and oblique of the tibia near the ankle. The upper shaft of the tibia projected through the integuments above, which were divided entirely across the front of the tibia. The fibula was simply fractured, but all the soft parts much contused above the ankle. The sharp projecting point of the tibia was sawed off for about three quarters of an inch. Previously to placing his limb in a temporary fracture box, Dr. Albert Ritchie suggested that the same principle we

adopted in the elliptical and vertical flap, or "the American Method" of the late Professor Davidge, in the amputation of the right leg, should be carried out in the left, or merely a depending point given to the wound for the escape of pus. For that purpose, with a long and narrow seton needle we passed a seton between the tibia and fibula on the outside, or fibula side of the tibia, and perforated the integuments to the left side of the tendo-Achillis. This was readily accomplished, as the integuments below were the only parts to perforate. The ends of the seton were tied loosely on the outside of the limb. The seton gave a depending point for the escape of matter about the vicinity of the fracture; prevented the accumulation of pus or sinuses, which might involve the ligaments of the ankle joint, and lessen the adhesions of the sheaths of the tendons; thereby saving the system much local irritation and guarding against ankylosis. The leg was laid in a fracture box with linseed poultices over the exposed tibia, and to the seton below, which were repeated twice a day. The fracture box was soon laid aside, for the fracture case of Prof. N. R. Smith, which added much to the comfort of the patient in the dressings of the limb. The limb was flexed, suspended and elevated, by an extra piece of canvass three inches wide, fastened to the frame on one side (the wound could be cleansed and poultices renewed without any disturbance of the fracture); the poultices were supported below by fastening the other end of the canvass to the opposite side of the frame. The poultices were continued until the exposed tibia was covered with granulations, when the seton was withdrawn and a tent of slippery elm bark about one and a half inch long, softened in warm water, was passed up the track of the seton from below. The tent was dressed with a small poultice, and the wound above with lint and cerate, until the wound ceased to discharge, when the tent was omitted about the 15th of July. By the 2d of August, I found the callus somewhat firm, and applied the "Immovable Apparatus," leaving room for the exercise of the ankle-joint. This step was preparatory for the departure of my patient home in Baltimore county. I enforced the necessity of flexion and extension of the foot daily. In regard to the medical treatment, little was required. His fever was high on the 26th of May; when the lancet was used, and sulphate of magnesia prescribed, the fever yielded promptly. An occasional aperient was given; a few doses of Dover's powder to allay pain of the stump, which united very speedily. A free use of acid drinks, as the weather was warm, was indulged in. I have been credibly informed that he has perfect use of his ankle, which I doubt would have been the case if an outlet had not been kept up for the exit of pus. In this case the contusion and division of the soft parts would have led us to anticipate extensive suppuration, which under ordinary treatment would probably have required counter openings to evacuate pus. In compound fractures of the worst form, accompanied with much contusion and division of the soft parts on the front of the inferior limbs, would not a seton or tent be preferable to the ordinary process of dossils of lint and counter openings?—*Maryland Med. and Surg. Jour.*

CURSORY OBSERVATIONS ON SOME CEREBRAL AFFECTIONS OF CHILDREN.

BY H. M. HUGHES, M.D.

THE principal object of this paper (in Guy's Hospital Reports), is to state shortly some of the difficulties attendant on the treatment of the cerebral diseases of children ; especially as regards the diagnosis between infantile fever or, as Dr. Hughes prefers to call it, "irritative fever of children," and hydrocephalus ; and between the latter complaint and the hydrencephaloid affection described by Dr. Marshall Hall.

Of the close alliance between infantile fever and hydrocephalus, and of the difficulties which not unfrequently prevent our coming to a decided opinion on the nature of the case, in the early stage at least, every practical man must, we should have thought, have been aware, had not a late writer, quoted by Dr. Hughes, asserted "that the two diseases can scarcely be confounded." Dr. Hughes thinks that in many of those cases in which hydrocephalus appears to supervene on irritative fever, the progress of the case has been really such as it appears to have been, and that complication does not always exist from the commencement of the malady, an opinion in which we agree. Nor, we may add, is hydrocephalus the only disease which may be thus excited by infantile fever. In the same way, tubercular disease in the lungs and bronchial glands of children may be developed, if it do not actually originate during the progress of infantile fever ; the tubercles, if previously existing, of which there is often no evidence, being at all events in a latent state, and thus the disease which begins as infantile fever may end as pulmonary consumption. The following are the symptoms by which Dr. Hughes thinks we may generally distinguish between hydrocephalus and simple irritative fever :

"In the first stage of acute hydrocephalus, there generally exist some intolerance of light and sound, contracted pupils, and wakefulness by night and by day ; while in remittent fever the patient, though restless at night, often sleeps soundly and comfortably during the day ; the pupils are rather dilated, and light and sound are not complained of. The pain of the head in the latter affection is rather a general uneasiness, giving the child an expression of heaviness and languor, and, like the febrile symptoms themselves, is distinctly remittent ; in the former it is almost always referred to the forehead, and though increased in severe paroxysms, is constant. The child suffering from acute hydrocephalus lays its head on the pillow, with closed eyes, and appears unwilling to be moved, questioned, or noticed, unconsciously moves its hands up to or over its head, and often screams and starts from severe accessions of pain, while its arms or legs are affected with slight spasmodic twitchings. That affected with remittent fever, on the other hand, is usually easily and not unwillingly roused, and though fractious and petulant, has not violent fits of screaming, moves its head without inconvenience, and while awake is almost always occupied in picking its lips or nose. The bowels are sometimes constipated in both complaints ; but they are more easily moved, and when moved are more easily kept in a relaxed condition, and the motions

are more slimy, fetid, and dark colored, in the simply febrile than in the inflammatory complaint. The pulse also, which in the fever is almost sharp and frequent, is in the more grave affection often sluggish, tardy and irregular."

In the above enumeration, Dr. Hughes has omitted to notice vomiting. This symptom, though not unfrequently present in simple infantile fever, is less constant and less urgent in that disease than in the first stage of hydrocephalus. In acute hydrocephalus vomiting is one of the most frequently present of the early symptoms, and though it may last only for one day or even less, it is generally very urgent whilst it lasts, everything being rejected which the child swallows. When this symptom is present, with a belly flaccid and free from tenderness on pressure, it is, we think, one of the most characteristic that can be mentioned of incipient hydrocephalus.—*Brit. and Foreign Med. Review.*

CHEMISTRY AND MEDICINE.

[FURTHER extracts were promised, a week or two since, from Professor Draper's Introductory Lecture at the University of New York. A few unconnected paragraphs are given below.]

Let us, then, examine what are the relations of chemistry to medicine—what the character of the facts it furnishes the student—what the influence it exerts upon his professional education. Let us try to ascertain its actual practical importance. All knowledge is of course good in itself. But with us time presses, the scenes of active life are just before us, in a few months we mingle with them; there is no opportunity to dwell on anything, except what appertains to the matter in hand. But, what if we find that these studies are intimately connected with the object we pursue, and are deeply concerned in our future professional eminence; what if we find that they are interwoven with the very elements from which we ought to begin? Hereafter it will delight us, that we have not to bewail the opportunities of acquiring knowledge omitted; that we have not to sympathize in those sorrows, for the want of philosophy, in which the gude wife of Ladlemouth, celebrated of late by Frazer, had to indulge, who weighed a pound of butter to Davie Fisher, with a two pound pair of tongs, putting in one leg and letting the other hang out of the scale. In addressing ourselves, therefore, to this task, let us come forward with pleasant expectations and a good will. With students of medicine, whatever is done must be done voluntarily; and all the learning we procure, must be with cheerfulness. And yet some of us still look back with pleasure on those early times, when we first came to drink at the fountain of knowledge. The grim aspect of the village school-master, who improved on the scripture maxim of fastening knowledge like a nail in a sure place—he drove it in at the head, and clenched it with repeated strokes of his rattan or rod, at the other end.

If to men, occupied with the ordinary pursuits of life alone, a knowledge of the phenomena of nature is of constant value, to us whose special office it is to control those phenomena, and to subdue the forces of the

world to our own use, nothing can be of more paramount importance. The agents that build up these bodily structures, set in action and keep in operation their functions, are constantly antagonized by the external forces of nature, and so long as an equilibrium can be maintained life continues. It is not alone spontaneously, and from innate causes, that diseases supervene. Most of the calamities with which we have to deal, take their origin in conditions and circumstances that are extrinsic to ourselves. What king goes to war, without first sitting down and counting the strength and advantages of the king that is to oppose him? In private life, who adventures on a doubtful undertaking, until he has fairly estimated the obstacles he has to overcome?

The modes of thought of a physician differ from those of other men. We are taught to regard the animal frame as an intricate and finished machine. The very practice of our profession daily assures us that all the forces of external nature exert a control over it. There is no change of temperature, no alteration of locality, no variation of circumstance, that does not leave upon it some characteristic and corresponding impression. Some deleterious change takes place in the atmosphere, and we see a pestilential cholera sweep over the earth. There are diseases due to the sea, diseases due to the air, diseases due to the soil. The night airs are the harbingers of desolation, the sun-rays are full of death. Turn where we will, the hand of everything around us is against us. And shall we, then, neglect to know what is the name and the nature of these enemies, or how we may best encounter their reactions, or turn aside their power?

* * * * * * *

To teach you some of these laws is my duty. And where the subject is so vast, and the powers of the teacher so small, you will not expect a fair or a complete view. I cannot tell you of the multiplied inter-workings of those laws, which bring the world into the condition we see. I cannot picture before you the wild scenery, the changes it has undergone. I cannot show you the springs of life, nor spread before you the machinery that brings it to a close. There is no rock that has not been the witness of the mortal agony of living things; there is no grain of dust that has not been alive. I have not that enchanter's wand that calls into existence birds, and fishes, and beasts. I have not those black-letter books which reveal the constitution of the material world. But then I can point you to Nature, and tell you how atom and atom conflict, and how one law springs out of another, though I cannot trace their commencement or their consequences, and you will see that they are beautiful, and believe that they are true.

This, I say, is the proper mode by which we should study medicine. I would have you regard yourselves in the light of engineers; your duty is to repair a broken machine. First of all, then, learn its construction; obtain clear and distinct views of the connection of its several parts, and the precise mode of action of each. By the indiscriminate use of medicaments, or by resorting to active processes, you may sometimes succeed in breaking up forms of disease, as a watch that has stopped may be made to go again by the rude jolting and shaking of an ignorant man. But to find out the cause of its derangement, to reinstate it fairly, and

without damage to its former integrity, requires one who knows its springs and wheels, their reciprocal action on each other, and the end they are to accomplish. Read in the histories of medicine, and is there for any disease a form of practice that has not been tried? Where is the plant, where is the mineral, that has not had its turn? Look through our works on the art of healing of the last three centuries, and mark their uncertainties, their contradictions, the entire diversities of opinion; are they not an imperishable record of the greatness of human credulity, and the littleness of human knowledge? Or survey the forms of practice which obtain in distant parts of this country, familiar to some of you and me. The doctor throws over his horse the long-accustomed saddle-bags, richly freighted with calomel, and rhubarb, and opium—a heroic practitioner—he goes forth to discharge his errand of mercy, and often prescribes intuitively, without the shallow form of asking questions. But then he lives in a region where bilious fever is the name of every febrile commotion, and where hereditary rules, long ago handed down from established authorities, have brought the practice of physic into a form adapted to the *feeblest* capacities, and given for all diseases one grand specific, “which will arouse the recuperative forces, and break up trains of morbid associations, and shake the gall-bladder” with a vengeance.

Dean Swift used to say that he had cured a nobleman of an inveterate cough, the paroxysms of which came on when an easterly wind blew, by nailing the weathercock that was opposite to his windows, so that it pointed permanently to the south. The sarcasm of that cynical churchman is at once a rebuke and an example to us. It may teach us how little reliance can be placed on written rules in the restoration of an intricate machine; and a little investigation will often satisfy us, that instead of blisters and bleeding, these nails in the weathercocks will answer much better. *****

It is the admitted province of the physician to relieve those that suffer, and put aside the approaches of death. From these things arises the intrinsic nobleness of his profession. We judge of the power of any force, by the magnitude of the results it produces, and we may well judge of the character and quality of the forces he has to contend with, by the phenomena we see. A little while ago, I said there was not a grain of dust that had not been alive. This indeed is no metaphor. Well might Cuvier say, “I look upon this world as a great charnel-house.” From the opal, that throws its ever-changing rainbow tints, to the Jura and Alpine ranges—mountains that form the boundaries of empires, and have been landmarks in all time—these are all made up of the *exuviae*, the remains of things that have had life; either the bones of great animals, or shells, or fossil animalcules. In each single grain of tripoli, which is found in beds and strata many feet thick, and extending over areas of many miles, it is known that there are the remains of more than a hundred and eighty millions of individuals. What then is their aggregate? You cannot take up a little fragment of common chalk, in which thousands upon thousands of these beings are not found; and yet this chalk not only bounds the coasts of England, but stretches away across France, and re-appears in Poland—Poland! the country to which God must at last give freedom. It is found in Central Africa, and once formed the

cliffs of that ancient sea whose bed is now marked by the sands of the great desert of Sahara; it extends through the countries of Abyssinia, and, re-appearing in Arabia, is lost in the unknown and barbarous kingdoms of Asia. But why should I carry you thus over the world, to witness the effects of exterior agents in the destruction of life? There is not a spot on which you place your feet, that does not cover the remains of unspeakable millions. Strata, thousands of feet thick, are made up of the bones of the great ones, cemented, as it were, together by the exuvie of those that are microscopic. And yet, all these once saw the morning sun come forth with gladness. Nor is it individual life that has alone suffered. Whole species, and tribes, and genera, have disappeared. With hundreds of others, the mastodon has gone, the ichthyosaurus, and the gigantic lizard, iguanodon. The very air which you breathe, the emblem of purity, comes from the respiration and putrefaction of beings that have lived before you, and are dead. The coal-fields that furnish you with fuel, are the remains of primeval forests, among the branches of which, birds nestled at night. The very carcasses of the dead have changed the figure and form of the face of the earth; they have raised the bed of the seas, and thrown the waters on dry land; and, with those changes, have come changes in the tribes that inhabit it. There has been an age of fishes, and an age of reptiles, as well as an age of quadrupeds, and an age of man.

DR. FORBES'S LETTER.

[LAST week there was a necessity for omitting this certificate of the truth of Dr. Carpenter's declaration in regard to the review of Dr. Paine's Commentaries. As its omission has caused some dissatisfaction, which is as much regretted as it was unexpected, it is now given in full.]

From DR. FORBES, *Editor of the British and Foreign Medical Review*, to
DR. W. B. CARPENTER.

DEAR CARPENTER,—AS I think it would be a piece of silliness, only second to that of writing and publishing the "Examination," to attempt any detailed or serious reply to Dr. Paine's wordy reclamation, or any justification of the article in the Review to which it refers—I shall take no notice whatever of his attack, further than relates to the charge of plagiarism. *This is true*, so far as the writer of the review on Hunter is concerned, but *false* as concerns *you*—since you did not write that review. This I am ready to state to all persons, at all times, as the truth, without any reservation or equivocation. The conduct of the writer of that review, in palming upon the Editor a portion of the writings of another for his own—if really done intentionally and with a view to deceive (I would fain hope that the fact may admit of some other interpretation), cannot be sufficiently reprobated. Although, as being the first specimen I had had of this person's writing (and, with one trifling exception, the only one I have ever had), I might be forgiven for not suspecting the authenticity of the surreptitious passages, I take shame to myself for being

so little acquainted with the eloquent writings of Dr. Channing, as not to detect the theft before the MS. left my hands for the press.

Perhaps when Dr. Paine discovers that he is mistaken in the affiliation of this portion of the Review, he may feel somewhat less confident of the evidence by which he thinks he has traced the authorship of other articles in it to you. I certainly shall not gratify his curiosity on this point, by either affirming or denying the accuracy of his conclusions; and I do not see any reason why you should.

It is singular that Dr. Paine should have been so ignorant of the ordinary mode of conducting a Review, as not to know that the reference from one article to another is no proof whatever of the identity of the authorship of the two—even when this reference is made by the writer of the latter article. But, most commonly, such references are made by the Editor, without any communication with the original writer, in the exercise of the privileges inherent in the office of the great editorial WE.

In looking at the vast accumulation of words in Dr. Paine's pamphlet, I confess that I feel regret that the review of his book (just and accurate as I still hold it to be) was not more favorable; as it is melancholy to think that so much time and pains should have been stolen from tasks of usefulness, and expended in elaborating a work, which, of course, no human being will read, except the author himself, perhaps the writer of the inculpatated article, and, alas, the Editor the Review.

It is lamentable to see how this mortification of Dr. Paine's self-love has clouded his judgment throughout the whole composition of his pamphlet; and this obfuscation is nowhere more conspicuous, than where he attempts to convict you of plagiarizing in your "Principles of Physiology," from Dr. Channing. The very examples he adduces confute the charge.

Believe me, dear Carpenter, to be most truly yours,
Old Burlington street, Nov. 15, 1841. JOHN FORBES.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 12, 1842.

PATHOLOGY OF DRUNKENNESS.

IF ever an age was characterized by philanthropy in regard to those who are suffering from the evils of intemperance, surely it must be the one in which we have the happiness to live. Men of all professions of faith, and of all orders of talent, throughout the civilized world, admirably concur in the opinion that a great moral revolution must be brought about. Drunkenness, in all its forms, from the palace to the Indian's wigwam, has spread its fearful ravages through every land, and vice, crime and death follow in its train. The present general movement of good men to stay the awful plague, will be regarded, in after times, as an extraordinary epoch in the history of our race.

Much as we deplore the sin of intemperance, we have sometimes felt

weary in trying to keep pace with the publications which are extensively circulated, both to alarm the inebriate and to urge reformers to labor in the good cause with undiminished ardor, since heaven blesses those who ask for blessings on a penitent. Some one has politely sent us an extra Examiner, from Albany, containing a letter to E. C. Delavan, Esq., by Thomas Sewall, M.D., on the "*Pathology of Drunkenness, or the effects of Alcoholic Drinks, with Drawings of the Drunkard's Stomach*," accompanied by four plates, beautifully executed on stone, and colored, of the natural size. No anatomical work, within our recollection, presents more exact representations of that organ. The bloodvessels exhibited on the inflamed mucous coat, really look as though they would bleed if roughly handled. The excellency of this illustrated letter consists in the fact that any one can understand it. Although strictly scientific, it is essentially the thing wanted, because it speaks plainly, yet positively, to the drunkard. With his own eyes he may examine the very appearance of his own burnt stomach, and if he should not be either reformed or alarmed by a fac simile, the letter by Dr. Sewall must awaken his sensibilities if he has one remaining spark of consciousness.

Circumstances at present debar us from making extracts from a work which meets our warmest approbation. It should reach every hamlet in the Union—and physicians should unhesitatingly aid in carrying on a work in which all well-wishers to the human family are engaged. Dr. Sewall treats the subject properly; there is neither a display of temper nor ill-will towards the drunkard; nor is there a mawkish sensibility discoverable in his remarks. Take it all in all, he has certainly contributed important aid to the cause of temperance, for which we, in common with the friends of humanity, tender our thanks. The letter, with its splendid plates, is really the commencement of a new effort, which we pray that our medical brethren may enlarge upon and carry forward to their utmost ability.

Surgeon-General's Report.—The acting Surgeon-General, H. L. Heiskell, at the city of Washington, will please accept our thanks for the important and interesting statistical document which he had the kindness to send the last week. Although it has been perused with satisfaction, it is quite inconvenient to republish the tabular sheet, which is the best one we ever remember of having seen, both in point of scientific arrangement and perspicuity. It is creditable to the nation that the army surgeons are among the most accomplished medical gentlemen in the country. So high are the requisitions, that no second-rate man can possibly obtain admission into the medical staff, and hence the medical department of the army really embraces not only a high order of talents, but individuals of very polished manners and thorough literary and professional attainments.—We have room but for one extract.

"The number of cases of sickness which have been under treatment by the medical officers of the Army, and private physicians employed in the service of the United States, during the year ending the 30th of September, was 38,559; 37,499 of which occurred within the year, 1,060 being cases that remained the preceding year.

"Of the whole number of persons reported sick, 36,374 have been restored to duty; 320 have been discharged the service; 30 have deserted; and 387 have died.

"From the Quarterly Reports made to this office by the medical officers,

the mean strength of the army for the last year is estimated at 9,748; and as the number reported sick during this period was 38,559, it will appear that the proportion of cases to the number of men in service, was nearly as 4 to 1, or 396 per cent. The aggregate of deaths was 387, exhibiting a ratio of mortality to the number of men of 1 to 25 $\frac{1}{5}$, or nearly 4 per cent., and the proportion of deaths to the number of cases treated of 1 to 99 $\frac{3}{8}$, or a fraction over 1 per cent.

Besides the diseases incident to the climate and the service in Florida, the epidemic fever, which has proved so fatal at the South during the past season, has also prevailed among the troops serving in that Territory. The average strength of the army in Florida during the year, being about 4,738, the number of cases of sickness amounted to 21,027, exhibiting a proportion of cases to the number of officers and men of nearly 4 $\frac{1}{2}$ to 1, or 443 per cent. The deaths being 254, presents a ratio of mortality to the number of men of 1 to 18 $\frac{2}{3}$, or 5 $\frac{1}{3}$ per cent.; and the proportion of deaths to the number of cases treated, of 1 to 82 $\frac{3}{4}$, or 1 $\frac{1}{8}$ per cent.

"Lectures to Ladies on Anatomy and Physiology," by Mary S. Gove. —These lectures have been delivered in Boston, New York, Philadelphia, and many other places in this country, and we believe the classes that have attended them have always been convinced of their utility. Mrs. G. has occasionally been brought in contact with the strong holds of prejudice and opposition, but we believe she has uniformly grappled with them successfully. She has an invincible thirst for useful knowledge, and has devoted several years to the study of the various subjects embraced in her course of lectures; and in presenting her work to the public, she is impelled, we doubt not, by a sincere desire to enlighten and benefit her sex in regard to the important practical matters presented for their consideration. Her style of writing is of the Doric order—remarkable for plainness and strength. Mrs. G. has the countenance of many of our most respectable physicians in the enterprise she has undertaken, and her book will be published under the supervision of one of the most accurate scholars and eminent men in the profession; and we hazard the prediction that it will merit and receive a wide circulation through the country.

Insanity and Insane Asylums.—A pamphlet of forty pages has been written by Dr. Edward Jarvis, of Louisville, Ky., on these subjects—principally a re-print from the Western Medical Journal. The author is a Massachusetts man, with whom we are well acquainted. His industry and talents were always devoted to the cause of humanity and science. If he should ever make a departure from the path he has so long and so honorably travelled, those who have associated him with every movement calculated to increase the amount of human happiness, would at once consider him insane. Both the plea and the argument in favor of the lunatics in Kentucky, are cogent. The pamphlet, although intended for a local effect, is nevertheless fitted to all meridians where insanity exists.

Smallpox.—In one of the New York papers mention is made of the extensive prevalence of smallpox in that city, which is represented to be on the increase. Several medical students attending the lectures there have taken the disease. At Philadelphia it is also exceedingly rife. In the

Sandwich Islands the destruction made by the smallpox amongst the native inhabitants, was very alarming at the last advices. Vaccine virus was sent there, from Boston, in October, and hopes are entertained that the dreadful malady will be arrested by it. Only a few cases have occurred in Boston the present winter. The vigilant system of vaccination pursued here, secures the citizens; and the little that has occurred of late, has been in the persons of strangers, arriving here on business, who had not been vaccinated properly.

Mortality in 1841.—In Northampton, Ms., 70: under 1 year, 15; between 1 and 5, 10; 5 and 10, 3; 10 and 20, 2; 20 and 30, 12; 30 and 40, 5; 40 and 50, 2; 50 and 60, 3; 60 and 70, 5; 70 and 80, 9; 80 and 90, 2; 90 and 100, 2. Twenty-five died with consumption.

In Amherst, Ms., number of deaths, 41: males, 19; females, 22. Under 10 years of age, 12; between 10 and 20, 4; 20 and 30, 3; 30 and 40, 4; 40 and 50, 4; 50 and 60, 2; 60 and 70, 5; 70 and 80, 6; 80 and 90, 1. Diseases—consumption, 9; fevers, 8; disease of the heart, 3; disease of the bowels, 4; dropsy, 2; paralysis, 2; apoplexy, 2; liver complaint, 1; disease of the spine, 1; fits, 2; drowned, 1; canker rash, 1; infantile, 1; accidental, 1; whooping cough, 1; croup, 1; pleurisy, 1.

In Concord, N. H., number of deaths, 71: under 1 year, 12; between 1 and 10, 18; 10 and 20, 3; 20 and 30, 6; 30 and 40, 7; 40 and 50, 4; 50 and 60, 6; 60 and 70, 4; over 70, 11—the oldest being 96. Average age of the above was 30 years; the proportion to the whole population, 1 to 70. The unusual number of deaths among children is ascribed to the scarlet fever and throat distemper. The average age of those who died over 70, is 80 years.

On the Immersion of Children apparently stillborn, in Cold Water. By DR. SCHOLER, Assistant Physician of the Berlin Lying-in Institution. —Nothing more need be said of this paper (published in the *Med. Zeitung*) than that it contains two well-detailed cases, and alludes to several others, in which this measure was successfully adopted, after all the ordinary means had failed of reanimating the infant. The evidence adduced is certainly sufficient to warrant the adoption of the plan as a last resource after less violent measures have been tried in vain.—*Brit. Med. Review.*

Number of deaths in Boston for the week ending Jan. 8, 35.—Males, 18; Females, 17. Stillborn, 2.

Of consumption, 7—bowel complaint, 1—debility, 1—old age, 2—infantile, 2—scarlet fever, 3—canker rash, 1—intemperance, 2—inflammation of the lungs, 1—lung fever, 2—croup, 2—liver complaint, 1—dropsy, 2—throat distemper, 1—typhus fever, 1—burn, 1—fits, 1—inflammatory fever, 1—whooping cough, 1—unknown, 1.

CASTLETON MEDICAL COLLEGE.

THE annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.

Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Theory and Practice of Medicine, by DAVID M. REESE, M.D.

Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.

Chemistry and Pharmacy, by WILLIAM MATHER, M.D.

Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.

Medical Jurisprudence, by WILLIAM P. RUSSELL, M.D.

Demonstrator of Anatomy, EGBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 4, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors for the First District and for the Society on Wednesday, the 26th day of January, 1842, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin place.

Boston, Dec. 27, 1841.

Jan 5—tm

JOHN JEFFRIES, *Secretary of Censors.*

VERMONT MEDICAL COLLEGE AT WOODSTOCK.

THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Matern Medicine and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN R. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Chemistry and Botany, by JOSEPH B. CLARKE, M.D.

Demonstrator of Anatomy, ORMON L. HUNTLEY, M.D.

Fees for the course, \$50. For those who have attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$18. *No matriculation fee is charged.* Board, including room, fuel, lights, and washing, may be obtained in good families at from \$1.50 to \$2.50 per week.

Woodstock, January 1st, 1842.

Jan. 5.—3m

NORMAN WILLIAMS, *Secretary.*

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by - - - - - JOSEPH ROBY, M.D.

Theory and Practice of Physic, by - - - - - WILLIAM SWEETSER, M.D.

Obstetrics, by - - - - - EBENEZER WELLS, M.D.

Chemistry and Materia Medica, by - - - - - PARKER CLEAVELAND, M.D.

The Library contains about 3600 vols. principally modern works.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1841.

D. 8—eop6t

PARKER CLEAVELAND, *Secretary.*

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 23—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 181 Washington street, physicians may be readily accommodated. A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch Jr., Providence, R. I.

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THE subscriber, by means of an agent in London, has constantly on hand a number of Respirators, of every quality.

N. 17—eop3m

H. I. BOWDITCH, 17 Bedford st.

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D. 29—3m

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, JANUARY 19, 1842.

No. 24.

RUPTURE OF THE UTERUS FROM EXTERNAL INJURY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You can give the following case a place in your Journal, if you think proper.

On Jan. 1st, 1836, Mrs. Arnold, of Freetown, Cortland Co., N. Y., æt. 35 years, who had generally enjoyed good health, had borne several children, and was at the full period of utero-gestation, having occasion to step out of the house, while walking upon the ice, fell, striking, with the entire weight of her body, the anterior of the abdomen, and producing a sensation (to use her own phrase), as if she were split open, in the belief of which she was persistent. Faintness followed at intervals, amounting to complete syncope, during the first twenty-four hours after the injury, with incessant vomiting, coldness of surface and extremities, countenance sunken, and a death-like aspect. The physician and friends in attendance supposed the case must be fatal, and had little or no confidence in any means which they could adopt. Under these circumstances, my partner, Dr. Miles Goodyear, was called, at the end of twenty-four hours after the injury had been received. He learned that there had been no motion of the child since the fall; patient complained of occasional abdominal pains; os uteri not in the least dilated; external appearance of abdomen natural, but extremely tender to the touch. Had been no evacuation from the bowels since the injury. Enemata were now administered, but not sufficiently retained to produce their desired effect. Reaction had now come on to some extent; pulse 110 and small; tongue thinly coated and dry; mouth of uterus still rigid and unyielding. Ordered 10 grs. of protochloride of mercury to be given, and repeated at the end of four hours, and followed by a dose of sulph. magnesia, which in the course of five or six hours produced free intestinal evacuations. Vomiting not so frequent, general symptoms nearly the same. It was now some ten or twelve hours since the arrival of my partner, who advised mild febrifuge remedies to be continued, and left the patient in charge of the attending physician, who stated that he should recal him on the least change of symptoms.

Accordingly, in about thirty-six hours afterwards, he was again called, when I saw the patient with him for the first time. We found her with countenance more deathly, pulse 120 and more feeble, tongue thickly coated and dry in the centre, less vomiting, tenderness of abdomen not so much, and patient did not complain of pain in this region, more than of

other parts. Bowels had moved freely, and evacuations not peculiarly offensive. The general appearance of the patient now indicated the delivery of the child, if it were ever to be done. But upon examination, we found no relaxation or dilatation of the os uteri, nor was the least effort on the part of the uterus to be discovered. We now proceeded with the steps of a forced labor and delivery of the child. Accordingly, the dilatation was commenced; a process so obstinately resisted by the unyielding state of the parts, as to require from four to five hours to effect a delivery of the child. It may not be improper to say here, that to produce sufficient dilatation in this case, for the accomplishment of the object in question, was no very inconsiderable labor, the hand of the operator requiring frequent intervals of rest, to enable it to accomplish its purpose. The child was large, and dead as was supposed previously, but no disorganization had yet taken place, and everything had thus far been accomplished independent of any proper or natural function of the uterus. Profuse hemorrhage now came on; the uterus not exhibiting the least contractile effort. The hand was immediately returned, detaching the placenta with facility until it arrived at the upper and anterior portion of the organ, when it met a resistance, which seemed to be a perfectly firm adhesion of the placenta and uterus, extending over a surface of from four to five inches, which could not be broken up with any prudent exertion. Patient was now much exhausted, extremities cold, pulse scarcely perceptible at the wrist, hemorrhage had nearly ceased. In this state of things we concluded that any further effort to detach the placenta would not only be unavailing, but inexpedient, and to separate the detached mass from the adherent portion would be attended with the most imminent danger. Patient was now placed in bed, stimulants freely given, with frictions upon the surface, and sinapisms to the wrists and ankles. We left the patient in care of the attending physician, four days having elapsed since the injury was inflicted.

At the expiration of twenty-four hours we saw the patient again; there had been very little hemorrhage, no movement of bowels, external appearances nearly the same as when we left. Patient expressed herself better than she had been before during her illness, but still the features were more cadaverous. An enema was given, which procured free and dark fetid discharges from the bowels. She now began to complain much of pain in the region of stomach. Singultus, and vomiting of a green, viscid fluid, of fetid odor, now came on; abdomen more distended, pulse much more rapid and feeble, and the already prostrated powers of the system unequivocally told that they would soon sink. In a few hours death occurred, it being the sixth day from the time of the accident.

Autopsy, sixteen hours after Death.—On opening abdomen gangrenous spots were to be seen on the inner surface of parietes for four or five inches around the umbilicus. Some portions of peritoneum adherent to intestines, while other parts were softened in structure. Much fetid gas escaped from the cavity. The next thing met with, worthy of note, was a full-sized and properly-formed foetus, with its extremities and body in the same relative situation in which nature had placed them in utero. The head and shoulders were lying closely upon the abdominal parietes,

to which a portion of the placenta was adherent, to the right and left of umbilicus, extending downwards, and laterally from three to four inches, the child lying anterior to all the abdominal viscera. Intestines mortified at various points. The friends objecting to a removal of the child, the facilities for further examination were not as ample as the case demanded. The rupture of the uterus occupied its superior and anterior portions, through which the child must have escaped, with its own placenta, at the time of the accident. Very little blood was found in the cavities, but a considerable quantity of serous fluid. It will be recollected that there was no external hemorrhage at the time the injury was received, and that there had been repeated evacuations from the bowels. It is certain that some contraction must have followed the rupture, from the absence of hemorrhage at the time, and that some inflammation supervened on the injury, which produced the adhesions met with in the effort to remove the placenta at the time of the delivery of the child.

In reviewing this case, the following question arises. Should not the Cæsarean operation have been performed at once after the receipt of the injury? Our conclusion was, that the operation was not advisable, for the following reasons. First, that the uncertainty of diagnostic signs failed in marking accurately the pathological conditions of the case. Secondly, that if the precise nature and extent of the injury had been ever so accurately known, the violent contusion sustained by some parts, as well as the laceration inflicted upon others, had made an injury which had already prostrated the powers of life very much, and if we now add to all this the necessary results of the above operation, we shall have an aggregate of cause which most certainly would not fail to produce a fatal termination, sooner than if the patient only suffered from the accidental injury.

Cortlandville, N. Y., Jan. 3d, 1842.

FREDERICK HYDE, M.D.

DR. PAINE'S REPLY TO DR. CARPENTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Will you oblige me with a place in your Journal, for the purpose of noticing a circular letter, addressed by Wm. B. Carpenter, M.D., to Professor Dunglison of Philadelphia, dated Bristol (Eng.), Nov. 16, 1841.

That circular refers to an imputation of plagiarisms, which I considered myself warranted in bringing against Dr. Carpenter, in a pamphlet entitled "Examination of Reviews," &c. Having exposed the remarkable tissue of misrepresentations which composes the review of my "Medical and Physiological Commentaries" (as appeared in the April No. (1841), of the British and Foreign Medical Review), and having, for very obvious reasons, drawn the offender from his obscurity, I then proceeded to inflict upon him, yet farther, what I regarded as a proper chastisement for the cowardly and wanton injury which he had attempted to perpetrate towards myself, and upon Dr. Forbes for admitting so *malicious* an article into his Journal, by exposing the plagiarism to which Dr. Carpenter's letter refers. The plagiarism was fully substantiated as it respects the Journal; and circumstantial evidence was submitted going

forcibly to show the probability that Dr. Carpenter was the author. That evidence was conclusive in my own mind till it should be rebutted by contradictory proof; and, of course, I had no doubt whatever that the public would sustain my conclusion on examining the nature of my premises. The repeated plagiarisms occur in the elaborate reviews of John Hunter's works, and of works by Carswell, Macartney and Rasori, contained in the April and July Nos. of the British and Foreign Medical Review, 1839, and occupying sixty-one (61) pages of the Journal. These authors, too, being pretty much used up by the reviewer, I considered it but an act of justice to the brightest ornaments of our profession to remove this slur upon their fame.

It is the object of the circular letter addressed to Professor Dunglison, to disclaim the authorship of those reviews, and this statement is accompanied by a letter from Dr. Forbes to Dr. Carpenter, in which Dr. Forbes remarks that,—“I shall take no notice whatever of his [Dr. Paine's] attack, farther than relates to the charge of plagiarism. *This is true*, so far as the writer of the review on Hunter is concerned, but *false* as concerns *you*—since you did not write that review. This I am ready to state to all persons, at all times, as the truth, without any reservation or equivocation.”

I have also received a curious letter from Dr. Carpenter, stating that he is not the author of the reviews of Hunter's, Carswell's, Macartney's, and Rasori's works, accompanied by copies of certificates from two gentlemen to Dr. Carpenter, expressing their belief that he is incapable of an act of plagiarism. The letter also contains a reference to an article in the *Lancet* of Nov. 27th, from which it appears that it is the tendency of that article to exonerate Dr. Carpenter from the imputed plagiarism,—but which I have not seen. With the package came, also, the *certificates of character* supplied to Dr. Carpenter on the occasion of the review of his “*Principles*,” &c., by the *Edinburgh Medical and Surgical Journal*.

This is all the proof with which I have been supplied in opposition to the various and forcible internal evidence of the imputed plagiarism. This evidence I know to have been generally considered ample in this country, as it appears to have been also in London. Indeed, this fact is prominent upon the very face of the circular letter. Such proof, therefore, can only be set aside by producing some other name as that of the author in question. If my proof be insufficient, it would seem to be obvious that the name of the plagiarist should be given to the world. This is alike due to Dr. Carpenter, to men of letters, and certainly to the dignity of Dr. Forbes himself. Indeed, till then, such as are disposed to exonerate Dr. Carpenter, must hold Dr. Forbes responsible. *Indignation* at so great a fraud upon himself should prompt a *disinterested* editor to expose the offender. Why does not Dr. Carpenter call for a disclosure of the author? This is certainly a most natural, as it would be a summary, mode of disposing of the whole subject. But again, I say, *where* is the *editor's self-respect*, that he does not expose the individual who perpetrated the indignity towards him? “The conduct of the writer of that review,” says Dr. Forbes, “in *palming* upon the *Editor* a

portion of the writings of another for his own, *cannot be sufficiently reprobated.*" Then, I reiterate, give us his name, and "let justice prevail, though the heavens fall." Present us another name; and then we shall have another phenomenon added to those extraordinary combinations of coincidences which Cotton Mather arranged under the denomination of "Unaccountables."

But, why speak I of *self-respect* in relation to a man who professes the "truth *without* equivocation," and yet contradicts the principle in nearly every line of his letter? Does not the whole of his letter—I repeat it—bear an aspect from which truth recoils, as much as common decorum is startled at its low-born insolence? Take any passage in the solitary letter-page, and every unprejudiced mind will allow the justice of my criticism. What can be more wilfully false than the whole of the following? Thus:—

"In looking at the vast accumulation of words in Dr. Paine's pamphlet, I confess that I feel regret that the review of his book (just and accurate as I still hold it to be) was not more favorable; as it is melancholy to think that so much time and pains should have been stolen from tasks of usefulness, and expended in elaborating a work, which, of course, no human being will read, except the author himself, perhaps the writer of the inculcated article, and, alas, the Editor of the Review."

Here it is an obvious falsehood in affirming that he holds the review of my "Commentaries" to be "*just and accurate*," notwithstanding I have shown that the review is, throughout, a tissue of deliberate misrepresentations. Again, the opinion is not less falsely expressed, that "no human being will, of course, read the work except the author himself, perhaps the writer of the inculcated article, and, alas, the Editor of the Review." And what shall be said of Dr. Carpenter for appending this abusive letter to his circular, after the unatoned offence of misrepresenting my labors, and my character?

Again, Dr. Forbes states that my imputation of articles in his Journal to Dr. Carpenter is founded upon the editorial pronoun "*we*"; whereas, the *most important are directly claimed by Dr. Carpenter, in his own works, as his productions*; and where he refers to others in his review of my "Commentaries," I have shown that it is not in the ordinary way of editorial reference, but that he sets up a *claim* to the articles in question, of which the review of Hunter's works is one. Or take the following prevarication, by which Dr. Forbes would insinuate that Dr. Carpenter is not the author of the review of my "Commentaries," instead of a manly disavowal. "Perhaps," says Dr. Forbes, "when Dr. Paine discovers that he is mistaken in the affiliation of this portion of the Review, he may feel somewhat less confident of the evidence by which he thinks he has traced the authorship of other articles in it to you. I certainly shall not GRATIFY HIS CURIOSITY on this point, by either affirming or DENYING the accuracy of his conclusions; and I DO NOT SEE ANY REASON WHY YOU SHOULD." (*My capitals.*)

And why this wily advice not to admit or deny the authorship of the review of the "Commentaries"? Was it supposed that either might possibly invalidate the statement as to the plagiarism? Nevertheless, the

cunning of this advice is worthy its well-disciplined author, however it is a palpable admission of the very fact which he aims at concealing. But, I will soon add the paragraph upon which I had just commented in connection with another from Dr. Carpenter's letter, to exhibit more fully this lame attempt to insinuate the belief that Dr. Carpenter was not the author of the gross injustice which had been done to my labors, and of which Dr. Forbes still appears insensible.

That the author of the plagiarisms, whoever he be, should broadly deny it, seems almost a matter of course. It would be absurd to suppose him restrained by conscience; and it is equally important that Dr. Forbes, even with his sensitive conscience, should make it appear that Dr. Carpenter is not the author of the reviews which embrace the plagiarisms; since Dr. Carpenter having avowed himself, in the Preface to his "*Principles of Physiology*," the author of elaborate articles in the *British and Foreign Medical Review*, the proof of the plagiarism standing uncontradicted would be fatal to the *existence of that Journal*. But mark; as it respects the articles in question, Dr. Forbes affirms that those extensive reviews of four most eminent cultivators of medical science were "the first specimen he had had of this person's writing, and, with one trifling exception, the only one he had ever had"! *Credat Judæus!*

It will be recollected that the plagiarisms consist of thefts from the Rev. Dr. Channing's works, and that the imputation reaches to Dr. Carpenter's "*Principles of General and Comparative Physiology*." I refer to this, for the purpose of introducing the following coincidence from Dr. Carpenter's circular letter. "The ideas which I have expressed," he says, "have been so long familiar to my mind, that I cannot imagine that they involve anything peculiarly Channing-ian. If any correspondence do exist [!] it is easily accounted for by the fact, that I received my education from one, who was for many years the respected and attached friend of that illustrious man, and WHOSE mind, cast in the same mould with HIS, impressed MINE with those habits of thought, which had led to whatever SIMILARITY may present itself between our published opinions"!—(*My capitals and Italics.*)

Now, then, this remarkable fact never would have been laid before the world, but for two obvious reasons; namely, 1st, because the parallel readings which occur in my "*Examination*" are *convincing*; and, therefore, we have here, under Dr. Carpenter's own signature, in his very letter of denial, a full admission that I had ample ground for the imputation of plagiarism, even had I not been prompted by the wanton attempt of this individual to falsify the hard labors of my professional life. 2nd, the foregoing remarkable fact is stated, also, because it is more or less known that Dr. Carpenter was educated by one who was "for many years the respected and attached friend of *that* illustrious man,"—but a fact which was wholly unknown to me till I saw it stated in Dr. Carpenter's circular!!

Again, when such fluttering occurs among the most callous critics of this or any other age, can there be a more substantial proof that my imputation of plagiarism is powerfully sustained? Do *such* critics tremble but under a well-merited lash, and this, too, when applied by one whom they affect to hold in that indifference which is the never-failing resource

of defeat? Does not the whole world believe that my proof is clear, and does not the trepidation of the redoubtable critics evince their consciousness of the fact? And why does the world believe? Surely upon my *proof*, not my *dictum*. Dr. Carpenter says to me, "your charges [not *charges*] have been very generally believed among those who do not know me." And who are they that thus surrender their belief to an unknown foreigner against one of their own cherished and much-honored countrymen? Who are they that thus forego an indomitable and ever-glorious national pride, to do a mortifying homage at the shrine of truth? They are illustrious Englishmen—the most illustrious men of the age—such as *believe* only upon *proof* when character is impugned. Nor—I repeat it—was a humble republican of America at all likely to gain indulgence but upon the abstract merits of his cause. Let it then be known, that I distributed eight hundred copies of my "Examination" amongst the scavans of Europe, and in every instance, but one or two, their names are publicly enrolled as employed in the cause of science. To those same gentlemen I shall transmit these remarks.

And yet it is possible that I may be in error, and, what is very unusual, upon such a question, the intellectual world may be in error also. Let us then inquire, which is the greater offence—an act of plagiarism by a critic, or a systematic tissue of misrepresentations, by the same critic, of one of the most laborious works that has ever come from the medical press? To prove this falsification was the *main* object of my "Examination." Why, then, so much solicitude about the plagiarisms, and none at all about the *falsehoods*? Dr. Carpenter complains, in his letter to me, of the injury which will result to him from my imputation; and had there been one word of regret in that letter at the furious assault which had been made upon my labors, and even my character, it would have paralyzed my arm forever. But, he seems utterly insensible to the injury which would have resulted to myself from his libellous attack, had I not published that "Examination" under which he is now doing a bitter penance. There is, however, no parallel in our cases. I was marked as an innocent victim by the unprincipled editor, and his ever-ready scribe rejoiced in the opportunity. The dispensations of justice were against them. The guilty have fallen; and now they come before the world with a selfishness which is truly characteristic of the trade they follow.

I trust that the public will not be led away by the wailings of wounded pride from the main object of my "Examination of REVIEWS," which was to expose the scandalous system of reviewing by a part of the London medical press, which is mostly conducted by young aspirants who endeavor to sacrifice all but their own *cliques*, or, at most, lavish their praises upon the works of others which they know to have fallen "dead-born from the press." If our *par nobile fratrum* have been caught at last, shall they be permitted to effect their escape *under a cry* that is foreign to the great object of my "Examination"? I certainly feel but *very little interest* in the affair of the *plagiarisms*, beyond the fullest disposition to be just to others, and to sustain the truth. And, while adverting to the leading medical presses of London, as well, also, to show with what consideration the imputed plagiarisms were received in

Europe, I will take the liberty of quoting a paragraph from a letter which I have just received from as distinguished a philosopher as adorns the present age—promising, also, that I have not the honor of knowing him personally, or of ever having before received a communication from him. Thus:—

“DEAR SIR,—I beg to thank you for the copy of your ‘*Examination*’ which you were so kind as to send me, and which I had the pleasure of receiving a few days ago. The exposure of Dr. Carpenter’s plagiarism will do good. The whole system of anonymous medical reviewing in this country is disgraceful, conducted as it is almost entirely by the hands of a set of pet boys, at most but just emerged from their medical studies.”

Finally; it is unnecessary to say that there is no other attempt to escape from the proof by which I so variously identified Dr. Carpenter as the author of the review of my “*Commentaries*,” than the following prevaricating passage with which Dr. Carpenter’s circular letter commences, and which, of course, is equivalent to an admission of the authorship, however he may be disposed to screen himself behind his accommodating friend. Thus:—

“Having just received from Dr. Paine a copy of his ‘*Examination*’ of the Critique on his Medical and Physiological Commentaries, which appeared in the April number of the British and Foreign Medical Review, I find, to my great surprise, that Dr. P. has thought himself justified—not only in singling me out as the Author of it, and in animadverting upon what he considers to be its misrepresentations, as if they were mine, thereby attempting to make that a matter of personal discussion between us, for which the editor of the Review holds himself responsible,” &c.

This is all the atonement I receive for the wrong attempted by Dr. Carpenter; whilst he holds himself up as an injured man because he was unfortunate at the game he had undertaken. As to his “surprise at being singled out as the Author,” he should have considered more maturely the spirit of the following passage which occurs in my “*Examination*.” Thus:—“That great and dignified critic, Samuel Johnson, advises authors—‘to consider how they whom publication lays open to the insults of such as their obscurity secures against reprisals, may extricate themselves from unexpected encounters.’ It is obvious that one of the important expedients, in cases of this nature, lies in raising the veil, and surprising the offender.” That I was correct in *this* opinion, I presume that even Dr. Carpenter will most readily allow.

But, take a passage to which I have already referred for another purpose from Dr. Forbes’s letter, in which, with a view to protecting Dr. Carpenter against the charge of being the author of the review of Hunter’s, Macartney’s, Carswell’s and Rasori’s, works, he unwittingly avows that Dr. Carpenter is the author of the Review of Paine’s Commentaries. Indeed, he even founds an argument upon the avowal. The authorship being admitted, Dr. Forbes then proceeds to show that Dr. Carpenter must not be held responsible for other articles because he employed the editorial *we* in his reference to others, in his review of Paine’s Commentaries.

"It is singular that Dr. Paine should have been so ignorant of the ordinary mode of conducting a Review, as not to know that the reference from one article to another is no proof whatever of the identity of the authorship of the two—even when this reference is made by the writer of the latter article. But, most commonly, such references are made by the Editor, without any communication with the original writer, in the exercise of the privileges inherent in the office of the great editorial WE."

The foregoing is the shuffling to which I have before referred as misrepresenting the means by which I have connected Dr. Carpenter with various articles in the British and Foreign Medical Review. The impotent attempt which is made in the circular letters to imply that Dr. Carpenter is not the author of the review of my "Commentaries," in opposition to the various and overwhelming proof contained in my "Examination," and the simultaneous betrayal of this attempt at deception, as well as the other exposures which I have now made, divest the letters of all claim to credibility, even were not the parties arraigned for an offence which demands other proof of innocence than the mere negative of the inculcated. But, I also repeat it, these two letters not only establish the guilt of Dr. Carpenter as it respects his misrepresentation of my labors, and of my character, but go far to fix upon him the *stain of plagiarism*. In his future attempt to wipe away this stain, it will be well to express some contrition at the magnitude of the offence which was perpetrated in relation to myself.

I have always been sensible that I had but little to hope, at present, from the medical press of Europe; nor have I been mistaken in the estimate I had formed of a portion of the press in that part of the world. I have never apprehended, however, that full justice would not ultimately come, when this "*age of pamphlets*" shall have passed, and therefore I have looked with comparative indifference upon the treatment which I have received, though with a stern determination to protect myself against every act of injustice from sources entitled to consideration. That tears of editorial sympathy will now deluge the European hemisphere, cannot be doubted; but, whether the flood will be increased from this side of the Atlantic, time can only disclose. In the meanwhile, I shall prepare myself for the coming of the waters, and be ready with my Ark for a "nine days'" storm.

I am, Mr. Editor, most respectfully yours,

New York, 446 Broome street.

MARTYN PAINE.

December 24, 1841.

P. S.—I shall esteem it a favor, as well as an act of justice, if those journals which may publish Dr. Carpenter's circular letter to Professor Dunglison, or other communications from Dr. Forbes relative to the imputed plagiarisms, will give the foregoing comments an insertion.

M. PAINE.

DR. JEREMIAH WILLIAMS.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, in Warren, December 31st, Jeremiah Williams, M.D., Vice President of the Rhode Island Medical Society, aged 55 years. Dr. Wil-

liams has been for more than thirty years in very extensive practice, and well deserved the high confidence reposed in his skill. He also filled a wide sphere of action as an enterprising and useful citizen. He was one of the few surviving petitioners for the charter of the Medical Society in 1812; was active and efficient in establishing and supporting the Warren Seminary, the friends of which will long have reason to feel and lament his departure; and he contributed liberally to the support of other useful, benevolent and religious enterprises of his town. As a practitioner he was bold and efficient—thought for himself, and was a close observer of nature as well as reader of books. By industry and enterprise in mercantile and professional business he acquired a large estate, but when about ready to enjoy it in quiet retirement, he was, by the inscrutable order of Providence, summoned to another state of being, there to receive, as his afflicted family and friends have abundant reason to hope, the approving sentence of “*well done good and faithful servant.*”

P.

ON THE HARDENING OF THE UNGUENT. HYDRARGYRI NITRATIS.

THE action of nitrous acid and nitrate of mercury upon the fixed oils and fats has been pretty fully investigated by the continental chemists, and they have divided them into two divisions, viz., the drying oils and the fat oils, according to the effects that nitrous acid and atmospheric air have upon them. The former of these absorb oxygen on exposure to the air, becoming a transparent hard mass, but are not solidified by the acid. The fat oils, on the contrary, become solid when nitrous acid is added to them, to which the name of glaidine has been given, and which is solid at ordinary temperatures; but if a small quantity of any drying oil (as linseed, poppyseed, hempseed, or walnut) be added to them, it greatly modifies and retards their solidification.

Referring to the very different result, as to hardness and color, which has been obtained by different manufacturers of ung. hydr. nitr., Mr. Kemp says, “how to account for the difference which exists in the preparation when only olive oil and lard are used, is certainly a matter of considerable difficulty; it probably depends upon the manipulation and the proportion of the ingredients used; and I would ask, whether in some instances the fat oil may not have been contaminated with some oil of a drying nature?”

We had made a passing allusion to this subject in our notice of Dr. Liebig’s work “on Oily Acids,” before the receipt of Mr. Kemp’s communication. It appears from Mr. Alsop’s paper “on Ung. Hydr. Nitr.,” that the two points upon which the success of the preparation principally depends, are the proportion of acid employed and the temperature at which the mixture of the acid solution with the fat is effected. We can speak from experience to the fact, that where due attention is paid to the strength of the acid, so as to make the equivalent equal to that ordered in the Pharmacopœia, the ointment never becomes hard or discolored. On the other hand, when the proportion of acid is deficient,

the hardening, we believe, always takes place. This uniformity of result, under the circumstances indicated, would seem to preclude the probability of the consistence depending upon the genuineness of the olive oil, as suggested by Mr. Kemp. We agree, however, with what appears to be Mr. Kemp's opinion, that the hardening of the ointment is most likely caused by the conversion of the oleine into the elaidine. The principal difficulty consists in accounting for the difference of effect where the proportions of acid are different, for if nitrate of mercury and nitrous acid are capable of converting oleine into elaidine, it might be inferred that the change would be most complete, and the ointment consequently the hardest, where the largest proportion of acid was used. But this is not found practically to be the case.

We would observe that the conversion of oleine into elaidine is not caused by the action of pure nitrate of mercury or nitric acid, but is due to the hyponitrous acid which is held in solution in recently made nitrate of mercury, and also in the fuming nitrous acid. It would be important, therefore, to determine whether the nitric solution of mercury made with excess of acid, as directed in the Pharmacopœia, contains as much hyponitrous acid as it would if the proportion of nitric acid were smaller. The subject requires a careful investigation, and would afford matter for an interesting paper at some future meeting of our society.—*Pharmaceutical Transactions*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 19, 1842.

OBJECTS AND NATURE OF MEDICAL SCIENCE.

SUCH is the title of Dr. Bartlett's lecture (previously referred to) on the 3d of November, at Lexington, Ky. He commences by saying—"I am to teach the theory and practice of medicine, and I propose to devote the first hour of our official relationship as teacher and pupils, to an explicit statement of my own conception of some of the fundamental duties which belong to my department."

Knowing the character of Dr. Bartlett's mind, and the careful scrutiny to which everything is subjected that is brought within his sphere of thought, we were prepared for just the kind of discourse this proves to be—viz., a philosophical examination of the duties belonging to the chair to which he was recently elected. Dr. B. reasons: he is not accustomed to jump at conclusions. In defining the nature of the science and art of medicine, he displays that evidence of mature deliberation and power of analysis, which always commands respect, and influences the minds of others.

Men of high intellectual attainments will differ upon the question—in what does the science of medicine consist? It is as certain, too, that the schools will never agree harmoniously in the doctrines which are occasionally taught, as lately discovered principles. Great laws are ad-

mitted to exist, and derangements of the vital functions are also admitted, in individual cases; but how they are produced, or in what manner they can most readily and safely be restored, has kept the medical world by the ears since the age of Hippocrates; and though we by no means wish to alarm pathological peace-makers, we must be allowed to say that a medical millennium is still in the obscurity of the future.

"The true purpose of all *medical science* differs," says Dr. B., "in no respect, from that of the other sciences. I shall speak only of that department to which our own investigations are to be more particularly confined. The chair which I occupy and the branch which we are to study is designated by the title of "*The Theory and Practice of Medicine.*" It embraces the entire natural history of disease, and the best methods for its mitigation and removal. Its legitimate object is the investigation and ascertainment of all the phenomena of morbid action—the relations of these phenomena to each other, and to their causes—and, also, to those substances and agents in nature which are endowed with the property of influencing and modifying them. It is possible enough, that this announcement may seem to you, after all this apparent flourish of trumpets, no very momentous or important affair; but let me assure you, that, simple as it may seem, you will find it to be a principle pregnant, like all true principles, with almost infinite results."

We have room but for one more extract.

"There is one aspect in which the phenomena of the living economy, both in health and disease, approach very nearly in invariableness and absoluteness to those of inanimate matter. I mean when these phenomena are considered in great aggregates—on a vast scale. When this is done, we see these laws developing and manifesting themselves, with a majestic regularity, like that which carries the planets round the sun. Nothing can be more doubtful than the duration of life, for instance, in the case of a particular individual; but when the observation of this *fact*, the duration of life, is extended from one to a million or to a hundred millions, the *average period* becomes one of great certainty and correctness. Of two individuals born on the same day, and with apparently equal prospects of life, one may finish his career in an hour, and the other may reach the age of a century of years; but of a hundred thousand born in a given continuous period of time, the mean duration of life in the first fifty thousand will not probably vary, to *any appreciable extent*, from that in the second fifty thousand. The whole science of vital statistics consists of these extensive observations and generalizations. The same process may be applied, to some extent, to the phenomena of disease, and the result will be certain *general, approximative* laws—laws of *degree* or *proportion*, as we may call them. For instance, although nothing can be more uncertain, in the case of an individual who is exposed to the causes of tuberculous disease, in which side of the chest the morbid disposition will commence, still of a very large number, say a thousand, it may very confidently be predicted that two thirds will have the left lung affected before the right. In other words, observation seems to have established the fact, that in about two thirds of the cases of tuberculous phthisis, the morbid disposition *begins* in the left lung. This *predilection*, then, of the morbid element for the left lung, may be considered, properly enough, a *law of pathology*. Similar remarks may be made in regard to very many other morbid phenomena. But we are not to forget, that however absolutely and positively we may express these general laws—when applied to vast

aggregates—the practical and actual dealing of the physician is with individual cases :—and that here the law deduced from the great aggregate, as an average or proportionate result, may fail entirely in its application.”

We have known Dr. Bartlett here at the North a long while, and shall not, therefore, be inattentive to his prosperity. He has moved to a more genial climate, where we doubt not his talents are appreciated, and where the sphere of his usefulness will ultimately equal the deserts of a scholar, a candid medical philosopher and a gentleman.

History and Progress of Phrenology.—New things become old, and old ones sometimes become new. Such is the condition of the once novel, exciting, and now much-abused science of phrenology. Although advocated by some of the most profound men of the age, it has been the misfortune of phrenology to be the hobby of little minds, and hence the division of sentiment upon the subject.

The volume before us was published at Buffalo in 1839 ; but it is really, to us, a recent affair. It is a work of common sense, by a learned man, and therefore totally different in its character from the mass of treatises which have been elaborated in this country upon the same fruitful topic. The author is R. W. Haskins, A.M., the ingenious author of an admirable system of astronomy, designed for schools, which we hope will finally be extensively introduced in Massachusetts. Some of the plates are good likenesses : we recognized Dr. Spurzheim, Mr. Geo. Combe, and Dr. Charles Caldwell, as particularly accurate. We cannot very conveniently make extracts ; yet the plan and execution of the book is such as to commend itself to all friends of phrenology, far and near. In a literary point of view it will compare favorably with the writings of those who have made more noise in the world than Mr. Haskins, without being half as erudite, or accomplished in scholastic wisdom.

Harvard University Circular.—A catalogue of the members of the present class attending medical lectures in Boston, just published, has 118 names upon it, which is truly encouraging. The class has not been so large before, for many years. Since students cannot be better taught in any other place, there is no reason why the number should not be constantly increasing. Surely the facilities for obtaining knowledge cannot be questioned. The circular plainly states the course pursued in this excellent school, so that no one will be disappointed who visits it in the capacity of a pupil. Hereafter two full courses of lectures will be required in this institution, of candidates for a degree of doctor in medicine. But for one of these courses “a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.” The idea is becoming extensively diffused, that the lecture terms, generally, in this country, are too short. Four months is thought better than three. Several schools are therefore modifying their old system of operations.

Mortality of Boston in 1841.—It is gratifying to speak of the good condition of the public health in this city. The number of deaths in 1841 was less than in 1840—being only 1919. The year was not characterized, as we have before remarked, by the prevalence of any epidemic, and yet

a considerable number of persons died of one or two diseases.—84 died of lung fever, as expressed on the official returns, 87 of scarlet fever, 37 of hooping cough, 108 of infantile diseases, 256 of pulmonary consumption, 28 of diseases of the heart, 57 of smallpox, 87 of measles, 55 of old age, &c. Such is the vigilance of the internal health department of the city, in speedily removing all offensive accumulations of decomposable matter from the streets, that notwithstanding the increase of population, and the prodigious daily influx of strangers by the railroads, and from the ocean, the city is unsurpassed in the general health of its inhabitants.

Requisitions for becoming a Member of the Boston Medical Association.—A stranger, through the post-office, who wishes to ascertain the conditions for becoming a member of this Association, is informed that a professional gentleman, establishing himself in the city, simply waits upon the Secretary of the Association, and exhibits his testimonials—which must either be a medical degree from a reputable college, known to confer such honors, or a license from the State Medical Society. He signs the by-laws, and at once is in good fellowship with the members, who are notified of his admission. If the candidate, however, has not a license, he can apply to the Censors of the State Medical Society, who will examine him, and if qualified, grant one. He can then enter the Association, and is at once entitled to its privileges, without the payment of any matriculating fee. Medical strangers, of proper qualifications, are nowhere treated with more marked kindness, than by this excellent Institution.

Comparative Anatomy.—Those who investigated the structure of the ourang outang skeleton which was prepared by a medical gentleman of Boston, some twenty years ago, have now a rare opportunity of examining the living animal, in Washington street, which may not occur again in half a century. Ten minutes devoted to the examination of the head, facial expression, muscular developments, and general external characteristics, of this fine specimen, will be more satisfactory to a man of scientific pursuits, than whole tomes of descriptive writing even from the highest authority.

Principles and Practice of Obstetric Medicine and Surgery.—From the press of Messrs. Lea & Blanchard, has been issued a very large and elegant volume, the first American edition, entitled "*The Principles and Practice of Obstetric Medicine and Surgery, in reference to the Process of Parturition, by Francis H. Ramsbotham, M.D., &c. &c.*," which has a more than ordinary claim to be carefully examined by medical editors, since the author is identified with all that can with propriety be called *improvement* in either of the departments to which this great work is especially devoted. As it is truly massive, we prefer to take time for its analysis, assuring the publishers, however, as well as the profession generally, that our impressions, even now, are decidedly favorable. There are one hundred and forty-two plates, and four hundred and fifty-eight royal octavo pages of text.

Minute Anatomy.—Generally, we pay no sort of regard to anonymous correspondents, because, when a man entertains honorable intentions, he

should never conceal his name. The writer of a note from New Hampshire, some weeks ago, who criticized pretty freely upon something of which he probably knew less than he imagined, will understand, by this, that he would be treated respectfully, if we knew to whom we were speaking. The technical expressions to which allusion was made, were correct. The sutures were not followed. If the divisions between the healthy and diseased parts had followed the natural line of connection, then the description would have been incorrect. The instrument swept through as related; and it is presumed besides that the account was correct, since it was thus related by him who had the skill to accomplish the difficult undertaking.

Mortality in 1841.—In Hillsborough, N. C., there were only 13 deaths during the past year, in a population of about 1000, besides about 150 scholars in the different schools—viz., 3 whites and 10 colored. There were 37 births—viz., 8 white males, and 7 white females; 12 colored males, and 10 colored females.

The number of deaths in Amherst, Mass., during the year 1841, in a population of 1565, is 31—19 males, and 12 females, exclusive of stillbirths. Five died under 1 year, 3 between 1 and 5, 2 between 5 and 10, 5 between 10 and 20, 1 between 20 and 30, 3 between 30 and 40, 3 between 40 and 50, 1 between 50 and 60, 2 between 60 and 70, 3 between 70 and 80, 1 between 80 and 90, 1 at 90, and 1 at 97. Although the season has been generally healthful, the proportion of deaths to the population of the town is large; 1 to 50½ very nearly. More than the usual number died at advanced age, making the duration of life about 34¼ years.

The whole number of deaths in the city and town of Hartford (excepting West Hartford and the Alms House), during the year which has just closed, is 191. In 1840 the number was 188.

The whole number of deaths in the town of New Haven, for the year 1841, was 315—25 of whom were colored persons.

New Medical Appointment.—Henry Bronson, M.D., of Waterbury, has received the nomination for the vacant Professorship of Materia Medica and Therapeutics, in the Medical Institution of Yale College. This gentleman is well known as a classical writer, a profound scholar and a judicious medical practitioner: and the friends of the Institution will be gratified to learn that the chair is to be filled with such distinguished ability.

MARRIED.—In West Boylston, Dr. Josiah Abbott, of Marlborough, to Miss Arminda, daughter of Deacon Joseph White, of W. B.

DIED.—At Warren, R. I., Jeremiah Williams, M.D., 55.—At Vicksburg, Miss., Dr. Brown, in a quarrel.

Number of deaths in Boston for the week ending Jan. 15, 48.—Males, 24; Females, 24. Stillborn, 1. Of consumption, 6—disease of the heart, 2—suicide, 1—debility, 4—scarlet fever, 2—croup, 3—erysipelas, 1—inflammation of the bowels, 2—smallpox, 1—lung fever, 3—typhus fever, 1—convulsions, 1—dropsy in the head, 2—apoplexy, 2—intemperance, 1—pleurisy fever, 1—sudden, 1—rheumatic fever, 1—liver complaint, 1—disease of the brain, 1—infantile, 3—paralysis, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of this Society at their room, Masonic Temple, on Wednesday, the second day of February, at 11 o'clock, A. M. **GEORGE W. OTIS, JR.**
J. 19—tm Recording Secretary.

CASTLETON MEDICAL COLLEGE.

THE annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.

Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Theory and Practice of Medicine, by DAVID M. REESE, M.D.

Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.

Chemistry and Pharmacy, by WILLIAM MATHER, M.D.

Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.

Medical Jurisprudence, by WILLIAM P. RUSSELL, M.D.

Demonstrator of Anatomy, EGBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 4, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors for the First District and for the Society on Wednesday, the 26th day of January, 1842, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin place.

Boston, Dec. 27, 1841.

Jan 5—tm

JOHN JEFFRIES, Secretary of Censors.

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by	- - - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - - -	DR. WILEY.
Theory and Practice of Medicine, by	- - - -	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	- - - -	DR. PARKMAN.

Rooms for study, fuel, and light, free of expense.

For terms, apply to S. Parkman, M.D., 7 West street.

O. 13—coptf

H. I. BOWDITCH,
H. G. WILEY,

G. C. SHATTUCK, JR.
S. PARKMAN.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep.8—coptf.

GEORGE W. OTIS, JR.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

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THE
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VOL. XXV.

WEDNESDAY, JANUARY 26, 1842.

No. 25.

EFFECT OF SULPHATE OF QUINIA ON THE SPLEEN.

[Communicated for the Boston Medical and Surgical Journal.]

WHILE following the clinics of M. Piorry, at La Pitié, our attention was called to some observations made by this distinguished physician with regard to the action of the sulphate of quinia upon the spleen in cases of intermittent fever. A careful and prolonged examination of the cases which appeared from time to time in his wards, served to convince us of the truth of Piorry's statements. It is thought that some brief notes of a few cases cannot fail of being interesting to the readers of the Journal.

CASE I., æt. 18, entered the Hospital with intermittent fever of the quotidian type, on the 14th. All the organs were healthy except the spleen, the length of which was seven inches and ten lines, breadth five inches five lines. On the morning of the 15th 3 ss. sulph. quinia was administered; twenty minutes after, percussion demonstrated that the hypertrophied organ had been reduced to six inches six lines in length, and to four inches four lines in breadth. The paroxysms were diminished in intensity, but persisted until the 18th; the spleen preserving its reduced volume. 19th. ʒij. sulph. quinia; twenty minutes after, the spleen presented only three inches five lines in length, and three inches three lines in breadth. From this time patient had no more attacks; the spleen preserved its volume, and on the 24th he went out of the Hospital cured.

CASE II., æt. 19, constitution robust, entered on the 9th, with a quotidian intermittent of three weeks' duration. At the period of his entrance the spleen measured six inches six lines in length. ʒi. sulph. quinia in two doses; in a few minutes it was reduced to five inches five lines in length, but after this it was impossible to obtain any further reduction, although doses as large as the above were administered. Vesicatories upon the splenic region, with general bleeding, had no more effect. Piorry thought that the sulph. quinia had not been given in sufficient quantity, and accordingly on the 21st, 9 A. M., ʒi. at a single dose; twenty minutes after, the spleen measured but three inches six lines in length, instead of five inches five lines. This large dose occasioned no difficulty whatever. The spleen preserved its volume, and on the 26th the patient was discharged cured.

CASE III., æt. 23, quotidian, entered 20th, after having had four paroxysms. Spleen five inches five lines in length, and four inches four lines broad. Other organs normal. 23d. ʒi. sulph. quinia in one dose. In ten minutes spleen reduced to four inches seven lines in length, and

three inches six lines transversely. From this day the fever ceased. 24th. \mathfrak{D} ij. sulph. quinia; reduction in ten minutes, three inches six lines by three inches three lines. 27th. Discharged cured.

CASE IV., *et.* 30, entered 6th. All the organs healthy except the spleen, which measured four inches seven lines by two inches six lines. 7th. Twelve minutes after the administration of \mathfrak{D} ij. of the salt, the spleen was reduced to four inches in length by two inches three lines in breadth; the heat and fever ceased. 8th. A dose of \mathfrak{z} ss.; in ten minutes spleen measured but three inches three lines, by two inches three lines. Discharged cured on the 10th.

The foregoing summary of a few cases, although drawn up with too much brevity, will suffice to illustrate this recent discovery.

The urine has been repeatedly analyzed, and with nearly the same results; for example, ten minutes after a dose of \mathfrak{z} i. sulph. quinia had been administered to a patient, \mathfrak{z} iv. of his urine was found by M. Bourchardt to contain ss. gr. of the alkaloid. The hypertrophy of the organ remains always the same in the different stages of the fever.

Piorry contends that "the fever is not the cause, but the manifestation, of the pathological condition of the spleen." In support of this theory he refers to several cases, from which we select the following:—"Two persons, after having fallen violently upon the left side, experienced in the region of the spleen a permanent pain, after an interval of fifteen days in one case, of six days only in the other—beginning by an access of fever of the quotidian type in the first case, by a quartan in the second. At their entrance into the Hospital both presented a daily paroxysm very complete. In both the pain in the splenic region augmented on pressure, especially in the inferior part of the circumference of the organ. A bleeding in one case was sufficient to remove all the symptoms; the sanguineous depletion dissipated the pain in the other case, and reduced almost entirely the febrile accessions, which did not disappear completely until after the administration of \mathfrak{D} i. sulph. quinia. The first was cured in 48 hours, the second in four days. We see here paroxysms follow the sufferings of the spleen in a very evident manner; on the other side, we have found that this organ augments very sensibly by a repetition of the paroxysms. Are we not right in concluding, that things occur in an analogous manner in marsh fever, and that in both cases the fever is not the cause, but the result of the disease of the spleen?" He teaches also that if the remedies are directed to this organ so as to reduce it to its normal volume, there is no danger of a relapse, and that there can be no radical cure unless this be effected.

We might here remark, that though the observations of M. Piorry seem to prove that the spleen is hypertrophied in all intermittents, yet there are many eminent pathologists who have entertained a contrary opinion. M. Bailly, for example, in thirty-three post-mortem examinations of persons who died from this affection, found only two cases in which the spleen was enlarged. Whatever may be the fact with regard to this, or to the theory of M. Piorry, of this much we are certain, that the administration of the sulphate of quinia in large doses causes an almost instantaneous reduction of the spleen when enlarged.

The whole subject may not be unworthy the notice of American practitioners who reside in those districts in which intermittents prevail. It would be interesting to observe if bleeding in the cold stage, the use of the cornus Florida, eupatorium perfoliatum, and the various other remedies employed in this disease, produce the same effect.

To those who are unaccustomed to percussion, it may seem impracticable to measure any of the viscera with the precision indicated above. With the ordinary method this is at least difficult; but if auscultatory percussion be employed as invented by Drs. Camman and Clark, of New York, the spleen and many other internal organs can be measured with almost mathematical accuracy.

D. J. M.

Paris, September, 1841.

MULTIPAROUS LABOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of multiparient labor, which occurred in my practice about two weeks since, you are at liberty to publish in your Journal, if you consider it worthy of notice.

I was called obstetrically to attend Mrs. P., who is an uncommonly robust, healthy woman, and the mother of several children; but found, on my arrival, that she had just given birth to a child of the medium size, having had very few premonitory symptoms of such an event. I immediately proceeded to remove the placenta, but, on examination, found the head of another child favorably presenting, enveloped in another placenta, the membranes of which were unbroken. The pains, however, had ceased, and as no untoward symptoms occurred, I suffered the patient to remain in that situation for about three hours, when the pains returned and she was soon delivered of a second child. On making an examination again, I directly discovered, to my astonishment, the head of a third child presented (equally as favorably as the second), of which she was also soon delivered. All three of the children are still alive and doing well; their aggregate weight is about twenty pounds. The mother was able, on the second day after her confinement, to walk across the room, and still remains remarkably comfortable.

L. N. BEARDSLEY.

Milford, Ct., Jan. 13th, 1842.

RECENT IMPROVEMENTS IN MEDICINE AND SURGERY.

[Communicated for the Boston Medical and Surgical Journal.]

IT is a fact with which all who are at all conversant with this subject are familiar, that within the last few years the sciences of medicine and surgery, particularly the latter, awakening from their long slumber, and shaking from them the drowsiness and inactivity in which they had been wrapped, have in the rapidity with which they have progressed towards perfection, equalled, if not surpassed, the glorious strides which have been made

by many of the other sciences; and which have so remarkably stamped the present as specifically an age of improvement. Few stronger proofs can be cited in favor of the existence in man of a capacity formed for constant progress, than the history of these sciences during the present century; by which so vast an amount of mental as well as physical suffering has been ameliorated. Look back some few years and trace the history of some of the most important and valuable medicines now considered indispensable in general practice, and we shall find that the date of their admission into the *Pharmacopœia* is very recent. Quinia, creosote, iodine, morphia, and others which it is unnecessary to mention in this place, are among the acquisitions of the present century. Take the first-mentioned article alone; if we could accumulate the number of instances in which inestimable relief has been obtained from this single preparation, how immense would be the aggregate.

Again, examine the history of surgery, and we shall find that the rapid improvement which has taken place in this branch of the profession in the same space of time, leaves far in the back ground all that can be said in favor of the former. The facilities now afforded for anatomical observation, morbid or otherwise, may be said to be the root from which results of such vast importance have sprung. Of the true value of the harvest yet to be gathered from the same source, no correct estimate can be formed. *They* are indeed true benefactors, who have forwarded by their personal influence and efforts this species of scientific research. In those complaints particularly which have involved a displacement of different portions of the human frame, and which since the world began have been considered as beyond the reach of human aid, or been subjected to prolonged, and for the most part unscientific treatment, how extensive is the field of improvement which presents itself.

Resources hitherto undreamed of even by the most scientific, have been developed and grown to what now seems perfection. Those whom nature, less bountiful than to the generality of mankind, has not gifted with the full development, or right proportion of all the different organs (in one of the least of which the slightest imperfection is often productive of a most serious evil) may, in instances exceedingly numerous, by application to these resources find the deficiency made good.

There is a large fissure in the roof and back of the mouth; portions of the *ossa palati*, *velum palati* and *uvula* are wanting; parts of the vocal apparatus indispensable to the utterance of distinct sounds. By a modern improvement in the art, requiring, to be sure, great *surgical* skill and assiduity, a new membrane is formed, a new palate is produced, and thus is perfected that which originally had been created imperfect. Disease, caries of the bones, or some other cause, has deprived a fellow creature of an organ indispensable to his comfort, and without which he feels himself to be an object calculated to fill all around him with disgust. Here is an example (an extreme case, it may be said) of the mental torture already alluded to. How much more agonizing is the pain which the mind of a person so situated has to endure, than any physical evil or discomfort to which it may give rise, or than the knife of the operator can inflict. But to return to my subject; a new nose is formed, and the

person, rendered feeble by confinement to which a natural susceptibility to his personal appearance had subjected him, but principally the effect of the very keenness of his feelings on this point, receives renewed health by a return to those sources of enjoyment from which he has so long been debarred, and in consequence of the spring which his mind thus receives when this insupportable burden is removed.

By recent improvements and inventions the lame are made to walk ; those who have cast side-long glances all their lives, now look their fellow creatures straight in the face ; and the spinal vertebræ, curved from their natural position, are replaced.

By the introduction of tenotomy, a branch entirely unknown thirty-five or forty years since, new and unheard-of relief is afforded to that large class of sufferers whose cases were, but for this remedy, hopeless, and who have in past times been forced to drag with them from their cradles to their graves a species of malformation (reference is here made to that variety included under the generic term of talipes or club-feet), often extremely painful, and always, to say the least of it, inconvenient and uncomfortable, and so conspicuous in its situation as to render futile all attempts to disguise it from the observation and remark of others. Frequently the mere division of a single tendon, accomplished with trifling pain or loss of blood, would have restored a young and beautiful female to society which she was otherwise formed to adorn, and to the happiness of domestic ties ; or a man to a life of activity and energy. But this was not their good fortune ; they were born in times antecedent to this discovery, and consequently became aware of the fact that in most cases their deformity would end only with their lives.

The dividing of tendons and muscles in the back, a still more recent application of this science, has been attended with a success sufficient, one would think, to serve as an encouragement to renewed and often-repeated undertakings of the same nature. Where, as has been the case in one or two instances during the past six months (the only ones, with a single exception, so far as my knowledge extends, in which this operation has been performed in New England), the individual, in the course of only a few days after the operation, rises some inches in height, there can be no hesitation, in the mind of one who has had facilities for observation, in regard to the utility of its employment in severe contractions in these parts, and that it is a most important, and in some cases an indispensable auxiliary to a successful treatment of these affections. But that all this should result in a cure, improvement in mechanics must accompany that of surgery ; without this aid but little can be accomplished. Of what avail is the most consummate skill of the surgeon, if his instruments are not formed of the best tempered steel ? the delicate operations of modern surgery must, in such a case, be abandoned. Idle would be his efforts, in the cases of which we have been speaking, even should he be able to procure the operative instruments, and by means of these remove the primary cause of the distortion, if he could not call mechanical means to his aid, and by the use of the ingeniously-contrived machine, and the well-adapted spring, reduce bone and muscle to their proper position.

To cite a case in point—there has recently been introduced into this

city, an apparatus for the rectification of curvatures of the spine, which is in itself an unequalled specimen of the aid which this art, combined with anatomical adaptation, can afford to surgery, in forwarding its great object; viz., the removal of those obstacles which interfere with the perfect enjoyment of health, or the supplying deficiencies in physical conformation. The plan of this beautiful and complicated piece of machinery was first imported from Paris, a few months since; from this some models were taken, and it is now but a few weeks since the first one, with the addition of some American improvements, was completed,* and it is difficult to imagine a more perfect piece of workmanship, or one more decidedly adapted to accomplish its purpose. Thus we see the two systems, mechanical and surgical, united in a fellowship so close, that in as far as the attempt is made to sunder the connection, so far do we destroy the effect of each.

PREGNANCY OCCURRING AFTER COMPLICATED ABDOMINAL AND UTERINE DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

MADAME D., aged 35 years, of a nervous temperament and very active habits, became my patient Aug. 10, 1837. Her condition was as follows:—Menses regular, though slight; prolapsus uteri, with great congestion of cervix; the os tincæ within one inch of the external parts, and the cervix nearly twice its natural size. For the preceding nine years, quantities of matter had been discharged per vaginam, often daily, for months together, sometimes guttatim, and then suddenly bursting away, half a pint at a time. The first occurrence of this symptom was observed immediately after a severe labor with a first and only child, born in Paris, nine years previously. It was evident, on enclosing the cervix completely within the speculum, that this discharge did not come from the uterus. On examining the abdomen, two large tumors were discovered, one occupying the entire umbilical region, the other the right inguinal; both of these were subject to occasional enlargement and sudden subsidence, upon the appearance of a gush of matter per vaginam; there was considerable ascites. The uterus could not be felt in the pubic region, neither did it seem enlarged when examined by the finger. The occasional subsidence of the tumors led me to infer them to be the source of the matter, as I had found a very large one in a post-mortem previously made, connected with the rectum, suppurating, and daily discharging large quantities of matter. At the time of my visit the pulse was 120. Porter, with beef-tea and occasional opiates, were the constitutional treatment, and nitrate of silver was applied daily to the os tincæ, from ten to twenty grains to the ounce of water. This treatment was continued for two months; and though the matter decreased, and the cervix became much smaller, I urged the patient to name a consulting physician, in consequence of the increase of the ascites, anticipating the necessity of paracentesis.

* This apparatus was constructed for, and is now doing good service at, the Boston Orthopedic Infirmary, where they are multiplied and improved, as it is considered necessary from time to time.

Dr. Berger being called, after a minute examination, both abdominal and per speculum, he agreed to the diagnosis, but would make no addition to the treatment. The subsidence of the ascites, under the use of a pill composed of digitalis, squills, and blue pill, and the increase of the menses, induced a hope that nature would still triumph over these complicated difficulties. Indeed, so great was the amendment, under the use of nutritious diet and Lugol's solution of iodine, that I discontinued my visits at the end of the third month, the matter still continuing slightly, and the menses regular. The patient had resumed her customary household duties.

During the ensuing two months, the discharge of matter per vaginam, and the enlargement of the abdominal tumors, alternated as usual, but the fifth month from the original date of my attendance the menses did not appear. This, with morning sickness, induced the suspicion of pregnancy by the patient; yet the period was too early for any determinate opinion. I doubted this state extremely, from the evident re-appearance of ascites, and the rise of the pulse to 120. Matters continued thus till the fourth month, when the patient quickened, the movement was evident, and the cervix shortened. I found also the uterine globe enlarged, and the prolapsus gone. Notwithstanding this, the pulse still continuing at 120, and great thoracic distress accompanying the ascites, with cough greatly increased on the recumbent position, induced me again to summon a consultation. Two eminent gentlemen were called at different times between the fifth and ninth month, both of whom declared the patient not pregnant. No alteration occurred till the full period, when the patient being safely delivered of a boy of nine pounds, all her symptoms disappeared, and she is now in good health, the discharge of matter and abdominal tumors continuing. She nursed her child for one year, plentifully, but has not since proved pregnant, though the menses are regular.

New York, January, 1842.

EDWARD H. DIXON.

LITHOTRITY.

[THE following remarks on the removal of stone in the bladder by the operation of lithotrity, are the concluding part of a review of several works upon this subject in the last No. of the British and Foreign Medical Review.]

The conclusions to be drawn from these cases and these views are obviously melancholy enough in so far as lithotrity is concerned. And yet, when we reflect dispassionately and as physiologists and practitioners upon the nature of the entire process in this operation, we see it impossible that the results could have been very different from what they are. Let us only consider the immediate consequences of the successful administration of lithotrity, the searching for and seizure of the stone, the necessary violence that accompanies the act of its comminution, and its condition with reference to the bladder after having been reduced to pieces, and we perceive that in the nature of things it can be no trifling operation, that on the contrary it must needs be one fraught with much

danger to the patient. We know that the mere act of searching the bladder with a polished sound is often accompanied by a great amount of pain, and followed by what appears a singular degree of sympathetic disturbance; we know that the attempt to seize and extract small stones in the bladder by the most delicate forceps has ended fatally; and how shall the necessarily large and complicated implements of lithotrity be introduced and brought into play within the bladder without producing a hundred times the amount of excitement and of mischief? This cannot be, and is not. And then, what shall we say in regard to the jarring and violence inseparable from the process of working a drill, or of turning a screw, or of giving the whole apparatus a smart blow with a hammer? What of a stone, which with a smooth surface was already such a source of suffering as to make the possessor weary of his life, and willing to take the chance of any odds against the solitary hope of obtaining relief, either roughened by repeated perforations, or reduced perchance into eight or ten angular and ragged fragments? All we can do is to admire the powers inherent in the delicate tissues that compose the excretory portion of the uropoietic system to withstand violence, and to repair themselves, bruised and maltreated as they necessarily must be, in such an operation as lithotrity performed by the most gentle hand.

The singular increase of irritation that takes place in consequence even of the *spontaneous* breaking up of calculi in the bladder, a phenomenon which sometimes occurs, and the danger to life that ensues thereon, is strikingly illustrated by the circumstances and the issue of a case which is related by Mr. Liston. A medical man, who had labored under symptoms of stone for a great many years, and who by sounding himself had ascertained the existence of a stone in his bladder ten years previously, was one day met by Mr. Liston in consultation. In three days after this Mr. Liston was summoned to this unfortunate gentleman in a moribund state, from inflammation of the whole urinary system, his urethra being at the same time blocked up by large fragments of stone. "It appeared," says Mr. Liston, "that on parting with me he had been summoned to an urgent case of labor. He ran quickly down a steep street, and at the bottom of it was seized with an urgent desire to make water, which he did in small quantity mixed with much blood. He passed some pieces of stone with sharp angles. He went on from bad to worse; he had retention, and the urethra was found much obstructed; suppression followed, and death terminated his sufferings in a few days. Many portions of the calculus were voided; much stone with the nucleus occupied the bladder and urinary passage. The kidneys were dark colored, and one approached to a gangrenous state."

Now it is the business of lithotrity by a certain amount of mechanical violence, less or more, to accomplish such a disruption of a calculus as took place here spontaneously; and our amazement finally comes to be, how the operation should ever succeed, not that it should so often be found either impracticable, or, if persevered in, fatal. And this leads us immediately to consider the circumstances in which the operation is admissible, and those in which it is inadmissible. This point is soon discussed; the conclusion lies on the surface, and wants no farther fact or

argument, after what has been said, to make it clear. Lithotrity is admissible and only admissible in cases in which the bladder is perfectly healthy, and in which the stone is small, of the size of a filbert, a shelled almond, or it may be a nutmeg at the most; under all other circumstances it ought to be held impracticable. In other words, lithotrity is admissible where it is estimated that the stone can at one sitting be seized and reduced to fragments of sufficient minuteness to be passed by the urethra. No second, certainly no third operation ought ever to be contemplated. *If the patient who has had lithotrity performed upon him is not relieved at once, he is in imminent danger of losing his life.*

Lithotrity may now fairly be said to have been tried and found wanting as a general means of relief for stone. Restricted to the circumstances indicated above, it is a great addition to our surgical therapeia; applied indiscriminately, and as a substitute for lithotomy and all other means of treating stone in the bladder, it is a most fatal present made to humanity.

ACIDS IN DYSENTERY.

DR. J. YOUNG, of Chester, Delaware county, has communicated to us, says the Editor of the American Journal of Medical Sciences, some observations on the treatment of dysentery by acids. "The following cases," he remarks, "will serve to illustrate the course of practice I have pursued for more than a dozen years, and with uniform success."

"In the autumn of 1828, I was requested to see Mrs. S. Found her in bed, with much fever, headache, full, bounding pulse, severe tormina, tenesmus, needings very frequent, and evacuations scanty, and consisting of nothing but bloody mucus; considerable tenderness of abdomen, urgent thirst, entire loss of appetite, tongue slightly coated, and presenting altogether a very severe case of dysentery. It was the fourth day of the disease, and she had taken nothing at all of medicine kind. I urged bleeding, but her objection to it was insuperable; prescribed medicine to be given, and left her. Next morning on visiting her, found she had not taken her medicine, nor could all my entreaties prevail on her to take it then, but she promised to take it "after a while:" next visit found the same state of things with respect to taking anything; and in short she absolutely refused to take medicine of any description, or to drink anything but cold water until the twelfth day of her disease, when she had become too weak to get up without assistance; all her diseased symptoms had progressed during this time, and it was evident she could not live much longer without relief—still she resisted every kind of medicine. Having known buttermilk used with apparent advantage in some cases previously, I stated to the family what must evidently be the result, unless relief was procured ere long, by some means, and suggested the trial of it. She was delighted with it, and was ordered to gratify her inclination for drink, by copious draughts. Next morning on visiting her, to my surprise I found a great change for the better. The needings were much less frequent; had rested tolerably well during the night; the tormina, tenesmus, tenderness of ab-

domen, and bloody mucous evacuations, were all greatly diminished. On inquiry, I learned that she had drank *a gallon or more* of the article since yesterday. She was ordered to continue drinking freely, and on my visit next morning, I found her so entirely relieved as to discontinue my visits, leaving a request to be sent for if necessary. In a few days she was well enough to leave her bed, and her chamber, and is yet a hearty woman.

“This case made a strong impression on my mind, and in numerous instances since, it is the only article I have ordered; particularly in children, who generally are fond of it, and have an aversion to medicine.

“In August, 1834, I was requested to take charge of two little boys in the same family, one aged nine, the other between seven and eight, who were sick with dysentery, and had been under the care of a neighboring physician for seven days, but whom circumstances prevented attending longer. They were both severe cases. On taking charge of them I recommended only, fomentations to the abdomen, morphine one tenth of a grain *pro re nata*, to relieve the violence of the pain and straining, and to drink freely of buttermilk, ‘the more freely the better.’

“Next morning one of them not relishing it for drink, had used but a small quantity; he was ordered the same as yesterday, but to drink a solution of cremor tartar, sweetened if wished. The other was fond of his drink, had drank freely; had taken two portions of morphine, was somewhat better; still his needings were frequent, but *sometimes* the evacuations were less painful, and less bloody and slimy—ordered to continue as directed before. These were the only articles prescribed for this little fellow, and on my fourth visit, all appearance of dysentery was gone. In a few days he was up and well. His brother did not recover so soon. He drank of the cremor tartar solution, but not freely enough to produce any action on the bowels; accordingly on my third visit, in addition to the former prescription, oleaginous mixture was ordered, in doses of a table-spoonful every three or four hours, according to its effects. After this, his dysenteric symptoms gradually yielded; so that on the day of my seventh visit he was dismissed cured.

“This, then, is the general course pursued; sometimes in addition to these means, I order calomel, ipecac. and opium, every two or three hours; sometimes, too, an emetic, or a mercurial cathartic, or both are premised, and sometimes lemonade, or vinegar and water, or some milk, are ordered for drink, where they are preferred. But these constitute the whole of the articles I use in the treatment of this disease; and the facility with which it yields to such simple means has often been a matter of surprise to myself. The objects kept constantly in view, are to remove constipation by the mildest possible means, to allay irritation and pains by morphine, or opium (the former being always preferred, when at hand, because it is less constipating), and fomentations; and to remove the *alkaline* state of the contents of the bowels, by acids in the form of drink.

“Perhaps in some other localities, these means may not be attended with the same beneficial results that I have in *every case* found them produce; but such has been my success, practising on these views, and using these means, that I am emboldened to recommend them to others, believing that if acted upon in good faith, they will save him who tries them many

anxious hours, by enabling him to cure his patients, before the disease progresses to inflammation, and gangrenous erosions of the intestines ; a state of things that will doubtless arrive in time ; but which is believed to be mostly the result, not so much of the necessities of the case itself, as of the erroneous pathology, and consequent treatment, generally taught and pursued in the management in its earlier stages."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 26, 1842.

MISSIONARY PHYSICIANS.

PRESUMING that it may be welcome intelligence to many of the profession through the United States, to know the locations of some of those who were their associates in the days of their pupilage, we have collected the names and places of residence of the medical missionaries now in the service of the American Board of Commissioners for Foreign Missions. Letters to any of the individuals in the following catalogue, sent to the Mission House, Pemberton square, Boston, will be forwarded to them by the earliest conveyance. Dr. Newton Adams resides at Umlazi, near Port Natal, Africa ; Alexander E. Wilson, M.D., Fishtown, ten miles west of Fair Hope, Africa ; C. V. A. Van Dyck, M.D., at Deir el Kamer, among the Druses, Syria ; Austin H. Wright, M.D., at Ooroomiah, in Persia ; Asahel Grant, M.D., resides among the Independent Nestorians, Persia ; John Scudder, M.D., at Chintadrepetlah, Southern India ; John Steele, M.D., Madura, Southern India ; Nathan Ward, M.D., Batticotta, Ceylon Mission ; Dan B. Bradley, M.D., Bangkok, Kingdom of Siam ; Peter Parker, M.D., stationed at Macao, China, but now in America ; Dyer Ball, M.D., Singapore, Indian Archipelago ; Seth L. Andrews, M.D., at Kailua, Hawaii Island (Sand. Islands) ; Dwight Baldwin, M.D., Lahaina, Maui Island ; Gerrit P. Judd, M.D., Honolulu, Island of Oahu ; Dr. Roderick L. Dodge, resides at Dwight, among the Cherokee Indians ; Dr. Elizur Butler, at Fairfield, among the same tribe ; Dr. Marcus Whitman, resides at Wailaptu, among the Oregon Indians ; and Dr. Thomas Williamson, resides at Lac qui Parle, with the Sioux Indians. These men lead lives of ceaseless care, where the progress of civilization has scarcely been felt, and where their deprivations and wants can hardly be estimated by those who are pursuing their professional business in a well-regulated, Christian community, in which there is both personal safety and social happiness.

Insane Hospital in the State of Maine.—Last season the superintendent of this Institution was a Dr. C. Knapp, who has unaccountably disappeared, without any public explanation of the why or wherefore. When a traveller told an inquisitive by-stander that he would inform him how he lost his leg, provided that no more troublesome questions should be asked, the latter instantly agreed to the proposition. "Well, sir," said the traveller, "it was bitten off." "Notwithstanding my promise," exclaimed the marvel-struck interrogator, "I should like to know what ani-

mal could have bitten off a man's leg." Although fully aware of the fact that the late Superintendent has been superseded, it would be quite gratifying to know how, and for what cause, this has been brought about? The successor of Dr. Knapp is Dr. Isaac Ray, a gentleman whose name and whose writings have been favorably known to the medical as well as legal profession of this country. Those who have the pleasure of a personal acquaintance with him, speak in unqualified terms of commendation. Of his scientific and intellectual attainments, there cannot be a shadow of doubt. If he possesses those many necessary moral qualities of the heart which fit a man to assume the high responsibilities of a manager of the insane, in combination with all other desirable educational preparations, the people of Maine are fortunate in the choice.

The expenses of the Hospital last year, for provisions, fuel, lights, improvements, medical supplies, &c., amounted to \$9,928 69. Economy appears to be practised in all departments, and yet everything necessary or even remotely conducive to the comfort of the patients is generously provided. According to Dr. Ray's report, the whole number of patients in the course of 1841, was 133. The greatest number at any one time was 70; and the smallest at any period, 28. There were 2 deaths by consumption; 2 by apoplexy; 1 by diarrhœa; and 1 from exhaustion, produced by profuse bleeding before admission. In all that part of the report which the Superintendent devotes to the consideration of insanity in general, we discover the evidence of a disciplined mind and a just estimate of the misfortune of being deprived of reason. He philosophizes within the scope of ordinary comprehension, which is more than can be said of very many who make pretensions to learning. Just as are his observations on the moral means of treating lunatics, there is perhaps a little too much of it; it bears some resemblance to a methodical dissertation, which would be well enough if no one else had ever promulgated the same sentiments in relation to the same great object. In future, when Dr. Ray has become accustomed to the place, and the place to him, we venture to predict, from what is discoverable in this report of the character of his mind, that he will become a prominent writer on insanity. We hope the Legislature of Maine will generously assist him in all his efforts to sustain and elevate the Institution over which he has been elected to preside.

Malpractice in Surgery.—It is extensively known that a prosecution was commenced about nine years ago against Dr. M. F. Colby, of Stanstead, L. C., a skilful surgeon, by William Nelson, of Derby, Vt., for malpractice in the treatment of his wife, who sought advice of Dr. C. respecting an injured hip, which was either severely contused, or the neck of the bone broken off within the capsule. So much has been said and written on the subject, and the case has been so frequently before the Court of Common Pleas, at Irasburg, and such wide-spread notoriety given to the parties, that it would be exceedingly gratifying and useful, if a condensed history could be prepared for this Journal. Perhaps Dr. Dexter, of Lancaster, may find leisure. As we have the pleasure of a personal acquaintance with that gentleman, we should have great confidence in his relation. From Dr. Colby a report would be better still, since he is a man of honor and acknowledged professional attainments.

India Medical News.—A medical college, some time since proposed to be erected at Bombay, in honor of the late Sir Robert Grant, has been

sanctioned by the Court of Directors, and they have granted a sum to aid in the erection, which is calculated to cost one lac of rupees.—The celebrated Dr. C'Shaughnessy, identified with everything scientific in India, is about publishing a volume of notes to lectures on natural philosophy.—Lord Auckland, the Gov. General, delivered, in person, the prizes awarded to the students of the Medical College.—Dr. Cantor, author of various scientific papers on natural history, who was designed to be naturalist to the China expedition, but who was unfortunately cheated out of an honor which was intended by those who had the power of conferring the appointment, is only 28 years of age. He went to Chusan, however, in the humble capacity of assistant surgeon of a regiment of foot. For the Court of Directors he made a splendid collection of drawings. He has a *large head*, and the public sentiment seems to be that he is destined to become very distinguished.—F. H. Brett, Esq., has been giving lectures at the Mechanic's Institution on the mechanism of the eye and the phenomena of vision. Some of the drawings used by him for illustrating the subject, are very fine.—At Cuttuck the cholera was raging most fearfully. An officer says that in the town where he resides, the deaths were more than one hundred a day. The dawk road, between Burdwan and Bancoorah, was covered with dead bodies, chiefly Gya pilgrims. In April last the same disease raged violently at Calcutta, which is now healthful. At Hararubaug, for some time, the average number of men in the Hospital had been one hundred, yet the mortality has not been great, owing to the devoted attention of the medical attendants. It has evidently been sickly in nearly all the Company's possessions, during the last year.—The celebrated surgeon, F. H. Brett, Esq., of Calcutta, a notice of whose recently-published work on India Surgery was given in this Journal within a few months, between the years 1827 and 1840 cut for the stone on 108 persons; of this number 70 were under puberty and 38 were adults—101 were cured, and only 7 died! This equals the success of Dr. Dudley, of Lexington, Ky., reputed the most fortunate lithotomist in America. Mr. Brett's father had twenty-two children, ten of whom arrived at mature age. The great India surgeon was born in London, where he studied his profession, and went to India in 1825. He is now but 38 years of age, with a family of nine children. Much is said about the re-establishment of a central hospital, with a view to having the Governor-general appoint this able man to a post where the pupils of the Medical College can avail themselves of his lectures. Mr. Brett and Dr. Parker, late missionary surgeon at Canton, from all we can gather, are the boldest and most decidedly successful operators in that part of the world.

Mortality of Stamford, Conn.—Dr. Ayres furnishes the following statistics of mortality for that town, in 1841. The population is assumed to be 3000.

Between the ages 80 and 90, 4; 70 and 80, 5; 60 and 70, 5; 50 and 60, 3; 40 and 50, 2; 30 and 40, 3; 20 and 30, 7; 10 and 20, 5; 10, 9. Total, 41.—Diseases—consumption, 7; lung fever, 3; hives, 2; fits, 5; apoplexy, 2; bilious remittent fever, 3; brain fever, 2; cholera infantum, 3; jaundice, 1; dropsy, 4; spine complaint, 1; inflammation of the liver, 1; puerperal fever, 1; poison, 1; found dead, 1; old age, 5; unknown, 3.

Mortality in Boscawen, N. H., 1841.—Number of deaths, 29—males, 11; females, 18. Died in January, 3; February, 1; March, 5; April, 2; May, 1; June, 2; July, 1; August, 4; September, 2; October, 2; November, 4; December, 2. Amount of years of the deceased, 969. Average age about 33½ years. Proportion to the whole population, 1 to 68 nearly. Diseases.—Fever, 12; consumption, 4; fits, 3; paralysis, 2; old age, 1; general debility, 1; drowned, 1; croup, 1; singular affection of the heart, 1; inflammation of the bowels, 1; dropsy, 1; influenza, 1.

Riotous Medical Students.—From the correspondent of a New York paper, it appears that a Thomsonian physician, belonging to Boston, was greatly annoyed and interrupted in an attempt to deliver a public lecture on the kind of doctrine he advocates, at Charleston, S. C., a short time since. The medical students attending lectures at the school of medicine in that city, are represented to have conducted in such a manner that the civil authority was obliged to interfere in order to maintain the peace. That one act of indiscretion will do more towards extending the name and influence of steam, lobelia and cayenne pepper in South Carolina, than a regiment of convert-making Thomsonian lecturers could have accomplished in ten years. Persecution invariably begets a sympathy for the oppressed.

Operation for Stammering.—This new operation of the celebrated Dieffenbach, so popular here a few months since, says our correspondent at Paris, has now fallen entirely into disrepute. Failures were so numerous that the operation is universally considered to be unjustifiable. We have seen it performed by the most skilful surgeons of this metropolis without any success.

Epidemic Scarlet Fever.—From the papers we learn that scarlatina is not only extensively prevalent in many parts of Rhode Island, but is also marked by a fatality that very much alarms the people in those places where it has become epidemic. In some towns in New Hampshire this disease has made a melancholy inroad upon families—carrying off small children in great numbers, and even occasionally attacking adults.

New Medical Appointments in the U. S. Navy.—Assistant Surgeon A. J. Wedderburn has been passed for promotion. Drs. Morris B. Beck, of Virginia; J. Francis Tuckerman, of Massachusetts; Lewis J. Williams, of North Carolina; and Marius Duvall, of Maryland, having passed a successful examination before the Board of Naval Surgeons, at a recent meeting in Philadelphia, will be, if they have not been already, commissioned Assistant Surgeons in the naval service.

Chelsea Hospital.—Number of sick or disabled seamen who were received the last quarter, ending December 31, 145. Number in the Hospital, October 31, 53. Number discharged as cured or relieved, 141. Died during the quarter, 7. Patients remaining, December 31, 1841, 40.

Application of the Subcutaneous Method to the Operation for Strangulated Hernia. By M. JULES GUERIN.—In this case the hernia was a congenital epiplocele which had been strangulated for three days. The usual means of reduction had been applied, and the tumor had become hard, engorged, and the seat of commencing inflammatory action. After division of the two rings and of the antero-superior wall of the inguinal canal, the reduction was immediately effected. The wound did not inflame, nor did the slightest febrile symptoms follow. The patient was able to rise on the eighth day, taking care to wear a bandage.—*British and Foreign Medical Review, from Gaz. Med. de Paris.*

Medical Miscellany.—No. IV. of the Guardian of Health is received. Where are Nos. II. and III. ? *Apothecaries and the Public*, is a good paper, commending itself to all thinking people. The same paper warns its readers against mineral amalgams for filling decayed teeth. Beware of cheap dentistry, is the word.—Surgeon D. Egbert, of the Navy, is ordered to rendezvous at Kensington.—The venerable Dr. Seeger, of Northampton, a German by birth and education, a cotemporary, it is believed, with the celebrated Hahnemann, is writing vigorously against homœopathy.—Samuel Trull, M.D., and W. N. Boylston, M.D., have received the appointment of physicians to the Boston Dispensary.—Dr. Cabot, a young physician of Boston, is with Messrs. Stevens and Catherwood, at the ruins of Uxmal.—Dr. Dix, of this city, will be at Dr. Jones's Hospital, Springfield, Mass., February 2d, to perform the operation of strabismus.—In Newport, R. I., of a population of 8333, are 34 persons over 70 years of age. The eldest is 96; the average age is over 80, and the united ages amount to 2724 years.—Peter Wendell, M.D., of Albany, has been chosen Chancellor of the New York University, by the Regents.—M. A. Boucherie, M.D., is the name of the author of a memoir on the preservation of timber, now attracting the attention of nearly all the governments of Europe, at all interested in naval architecture.—Thomas P. Jones, M.D., editor of the Journal of the Franklin Institute, Philadelphia, sustains that useful Journal with success and ability.—At the Island of Jamaica the scarlet fever was still prevailing at the latest dates—unknown there before for upwards of ninety years. The fatal disease was introduced there the present season by some European emigrants.—Dr. Brown has lectured acceptably in New York on the pathology of intemperance—and is to be followed by Dr. Horace Green, late of the Vermont Medical Academy, on the same topic. Dr. Marsh, of Burlington, Vt., has recently distinguished himself in the same department of humanity.

TO CORRESPONDENTS.—Dr. North's papers are received, but as they must necessarily occupy more than one No., they will be reserved till the commencement of the new volume.

MARRIED,—At Baltimore, Ohio, Dr. Asa Hor, to Miss E. Sherman.

DIED,—At New York, Jonathan H. Mansell, M.D., 36.—Near Davidson, N. C., Dr. White—drowned in attempting to ford a stream.

Number of deaths in Boston for the week ending Jan. 22, 40.—Males, 16; Females, 24. Stillborn, 1.

Of consumption, 5—child-bed, 3—scarlet fever, 6—croup, 3—inflammation of the brain, 1—hooping cough, 1—disease of the heart, 1—infantile, 3—diarrhœa, 1—pleurisy, 1—lung fever, 4—measles, 1—fits, 1—apoplexy, 1—inflammation of the lungs, 2—dropsy in the head, 1—old age, 1—dropsy on the brain, 2—erysipelas, 1—bronchitis, 1.

CASTLETON MEDICAL COLLEGE.

THE annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.

Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Theory and Practice of Medicine, by DAVID M. REESE, M.D.

Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.

Chemistry and Pharmacy, by WILLIAM MATHER, M.D.

Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.

Medical Jurisprudence, by WILLIAM P. RUSSELL, M.D.

Demonstrator of Anatomy, EGBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 4, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors for the First District and for the Society on Wednesday, the 26th day of January, 1842, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin place.

Boston, Dec. 27, 1841.

Jan 5.—tm

JOHN JEFFRIES, *Secretary of Censors.*

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by

JOSEPH ROBY, M.D.

Theory and Practice of Physic, by

WILLIAM SWEETSER, M.D.

Obstetrics, by

EBENEZER WELLS, M.D.

Chemistry and Materia Medica, by

PARKER CLEAVELAND, M.D.

The Library contains about 3000 vols. principally modern works.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1841.

D. 8.—eop6t

PARKER CLEAVELAND, *Secretary.*

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

SURGICAL INSTRUMENTS.

A COMPLETE ASSORTMENT of Surgical and Dental Instruments, English and American—for sale low, by BREWERS, STEVENS & CUSHING, 90 and 92 Washington street.

D. 29—3m

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporter," and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Donne, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to

A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of this Society at their room, Masonic Temple on Wednesday, the second day of February, at 11 o'clock, A. M.

J. 19.—tm

GEORGE W. OTIS, JR.

Recording Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, FEBRUARY 2, 1842.

No. 26.

ON ASPHYXIA, AND ON THE RESUSCITATION OF STILLBORN
CHILDREN.

[Read at the Westminster Medical Society, October 16, 1841, by JOHN SNOW, M.R.C.S.]

RESPIRATION, in a limited sense, signifies the mutual change which takes place between the oxygen of the air and the blood; and this is not strictly a vital process, but only an operation of organic chemistry, since it continues after death as well as before, when the mechanical advantages for access of air remain the same. The celebrated Spallanzani, in his work on Respiration, has shown that snails and other animals, which respire chiefly by the surface of the body, continue after death to absorb to some extent the oxygen of the air, and replace it by carbonic acid until the time when putrefaction commences. When insects are poisoned by prussic acid, they come to life again after a little time, because respiration has been going on by the tracheal tubes without any effort of the animal. We know likewise that venous blood can be changed to that of arterial tint by agitation with air out of the body, producing in the air the same change as respiration.

Respiration seems essential to the life of the whole animal kingdom, and when it is arrested from any cause the state called asphyxia is induced. Asphyxia in the human being, and the higher class of animals, after the foetal circulation is laid aside, presents the following phenomena:—The blood at once ceases to be changed in color whilst passing through the lungs, and venous blood circulates in the arteries; but in a very little time the blood is refused admission through the capillaries of the lungs, and the circulation is arrested. The blood accumulates in the pulmonary arteries and the right side of the heart, whilst the pulmonary veins and the left side of the heart become empty. The heart continues to act for some time, and would propel the blood through the system if it would pass the lungs. Consciousness and voluntary motion soon cease, generally in from one to three minutes after the stoppage of respiration: convulsive motions and attempts at inspiration supervene, and continue for a short time, but all signs of life soon disappear.

It is a question whether insensibility is occasioned by the circulation of venous blood, or by the stoppage of the circulation. Bichat concluded that venous blood acted as a poison on the nervous centres and animal textures generally, and thus destroyed life, in which view he, no doubt, went rather too far, since no ill effects remain from the circulation of dark blood, if respiration be renewed in time. Dr. Kay and others conclude,

from some experiments, that venous blood, although not so good a stimulus to the brain as arterial, yet tends to maintain life; but the ordinary venous blood which they injected was not so utterly deprived of its arterial properties as the blood of an asphyxied person, which has circulated twice or thrice round the body. They might indeed have spared themselves the trouble of their experiments, if they had but considered that newborn animals in which the foramen ovale and ductus arteriosus are open, that all these, except a few species which are born in a very immature state, with the eyes closed, die when drowned, nearly as quickly as adults, although venous blood continues to be sent to the brain and all parts of the system: the action of the heart being the last sign of life to disappear. Moreover, Dr. John Reid, of Edinburgh, has lately shown, by direct experiment, that voluntary motion ceases in asphyxia before the force of the circulation is diminished. It is clear, then, that blood which has totally lost its arterial properties, is unable to maintain sensibility or even vitality. The arrest of circulation at the lungs, however, may probably shorten life by some seconds, or even by a minute or two.

It has been a subject of conjecture with physiologists whether the carbonic acid gas produced by respiration is formed in the lungs by direct union of the oxygen of the air with the carbon of the blood, or whether the oxygen is absorbed and dissolved in the arterial blood, and unites with carbon in the capillary circulation of the system, where the blood becomes venous, forming carbonic acid, which is given off in the state of gas into the air-cells of the lungs. The latter theory has been shown to be the correct one by the experiments of Spallanzani, repeated by Dr. Edwards, on respiration in hydrogen gas, and by the experiments of Professor Magnus on the blood. The formation of carbonic acid by respiration is no doubt the chief if not the sole cause of animal heat. The quantity of heat developed just about equals the caloric that would be given out by the union of oxygen and carbon under any other circumstances to form the amount of carbonic acid produced by respiration, and the development of carbonic throughout the animal kingdom bears always a direct proportion to the quantity of carbonic acid evolved. On these considerations respiration has been compared to combustion, and the lungs to a furnace; but as we have seen that the carbonic acid is really produced in the capillary circulation of the system, and only evolved by the lungs, the whole body ought to be compared to the furnace, and the lungs to the draught and chimney department—a view which better explains the uniform diffusion of warmth throughout the body. It may be asked whether asphyxia is occasioned by want of oxygen in the blood, or by the poisonous effects of the carbonic acid detained in it? The former is the correct view, since asphyxia takes place in nitrogen or hydrogen gas the same as if respiration were stopped, notwithstanding the mechanical process is continued, and the carbonic acid continues to be given off from the lungs.

Several theories have been advanced to account for the arrest of the circulation through the lungs, but that of Dr. Alison is by far the most satisfactory; viz., that the motion of the blood in the capillaries is assisted by the vital attractions connected with the chemical changes which

are constantly going on to effect nutrition and secretion ; and that consequently, when the supply of oxygen is cut off, and the chemical change of the blood is prevented, the heart of itself is unable to propel the blood through the capillaries of the lungs. This opinion has lately been strengthened by the discovery of Dr. J. Reid, that there is in asphyxia an impediment likewise to the passage of the blood through the capillaries of the greater circulation, when the opposite change would be taking place in the blood if it were not already in a carbonized or venous state.

A consideration of great practical importance in the study of asphyxia is, the influence of the temperature of the medium in which it takes place. Dr. Edwards, of Paris, by a most extensive and beautiful set of experiments, has proved that throughout the animal kingdom asphyxia is much more sudden at a high than at a low or moderate temperature ; and that even cold-blooded animals, which will linger for hours deprived of oxygen at a low temperature, will die as quickly as mammalia or birds in water at blood heat : even fishes will die in a few seconds, or at most two minutes, in water at 100 degrees Fahrenheit, that has been deprived of its air by boiling, although this temperature would not injure them with sufficient air. He found that newborn mammiferous animals die most slowly in water at about 60 degrees, which is ordinary cold water, and that they die much more quickly as the water approaches blood heat. Dr. Edwards advises that persons in the state of suspended animation should, amongst other measures, be exposed to the cool air ; and that the application of heat should be avoided, unless indeed just a momentary application, to endeavor to arouse sensibility. The Royal Humane Society, however, directs the application of warmth in all practicable ways, not only as an auxiliary to artificial respiration, but even to commence with, if the means for the latter are not in readiness ; and most authors, I believe, coincide with the views of the Humane Society. Dr. Edwards considers it is by its effects on the nervous system, and through that on the heart, that a high temperature produces its effects. I think that, although the nervous system may be affected, and is probably the channel of its impression, yet that the deleterious effects of an elevated temperature, when respiration is stopped, depend on its stimulating the capillary circulation of the system, and thus promoting the deoxygenation of the blood, that change which is antagonistic of respiration, which rules its extent under all circumstances, and which, in fact, constitutes the necessity for having a respiration. But, whatever view we take of this point, the fact of the influence of temperature on asphyxia proves that the application of heat ought to be avoided until respiration is thoroughly established, when it will, no doubt, be a useful auxiliary to restore sensibility and renovate the patient.

The number of children that die of asphyxia at the time of birth is very considerable. Writers on midwifery have stated that one-twentieth of the children brought forth are stillborn, and of these a large proportion are asphyxiated, from various causes, often at the very moment of birth. The first measures that are generally and very properly adopted, when a child is born in a state of suspended animation, are to admit the cool air to its skin, to dash a few drops of cold water on it, and use simi-

lar means to arouse sensibility, more especially that of the nerves of respiration. From the great vascularity and sensibility of the skin, and the thinness of the cuticle of newborn children, great benefit may be expected from the access of air to the surface of the body. Immersion in warm water is sometimes had recourse to, and I have seen it completely successful in two or three instances, after the means just enumerated had failed; but this is a dangerous measure, one which, if it do not succeed, will quickly extinguish any possibility of recovery which may exist, as we have already seen. The great object in this, as in every case of asphyxia, is to establish respiration; and if the patient cannot be roused to perform natural breathing, artificial respiration must be had recourse to as quickly as possible.

Several eminent authors on midwifery recommend breathing into the lungs of the child, if other means are not at hand; but not much good can be expected from a measure which would undoubtedly suffocate a living child, and where there is any disposition to natural breathing this will be decidedly injurious. Allen and Pepys found that air which had been once breathed contained about 8 per cent. of carbonic acid, and that if the same air were breathed over and over again, till suffocation was felt, it would contain but 10 per cent. of the same gas.

The apparatus in ordinary use for artificial respiration is the bellows; but this, although much better than blowing with the breath, is liable to many objections: first, there is danger of injuring the texture of the lungs by over distention; then there is a difficulty of expelling the air from the lungs after it has been injected; and the delay occasioned by thus expelling the air, by pressing on the chest and abdomen, renders it impossible by means of bellows to imitate natural respiration, in which there is a constant current of air to and fro in the lungs.

Mr. Read was introduced to this Society three years ago, by Dr. James Johnson, when he laid before us an invention for performing artificial respiration much superior to the bellows. It consisted of a syringe for exhausting the lungs by the mouth, the nostrils in the meantime being held, when, on removing the pressure from the nostrils, the chest expanded again by the natural elasticity and resiliency of the ribs, muscles of respiration, and pulmonary tissue, causing a tendency towards a vacuum; and the air instantly entered by the nostrils, from atmospheric pressure, as in a natural inspiration; when it was again withdrawn by the syringe, and became renewed in the same manner. I at that time considered whether the same plan could not be adopted for the restoration of stillborn children; but there were insurmountable difficulties. The lungs were in this case empty, to begin with; and even if one should commence by an artificial inflation, the chest could not be expected to take on all at once that resiliency which it acquires in after life, no doubt from the fact of the lungs never being again emptied after respiration first commences. So the matter rested until a short time ago, when Mr. Read, knowing I took an interest in the subject, called to show me an improvement in his apparatus, which indeed he had brought to such perfection, that the use of it on himself would supersede his natural respiration for an hour together without inconvenience. I then suggested that he should

make a little instrument on exactly the same plan, adapted to the size of newborn children. It consists of two syringes, one of which, by a tube adapted to the mouth, and closing it, withdraws air from the lungs, and the other syringe returns the same quantity of fresh air through a tube fitted to the nostrils. The two pistons are held in the same hand, and lifted up and pressed down together, the cylinders being fixed side by side, and each having two valves. When the pistons are raised, one cylinder becomes filled with air from the lungs, and the other with fresh air from the atmosphere, which can be warmed on its way by passing through a tube and metal coil placed in hot water. When the pistons are depressed, the latter cylinder is emptied into the lungs, and the air in the former is ejected into the atmosphere. In this way a constant current of air to and from the lungs is maintained, as in natural respiration. The introduction of warm air is no doubt a great advantage. The objections to the application of heat during asphyxia cease, so soon as there is a proper supply of air to the lungs; and in introducing heat in this way, it must be remarked that we are only warming that blood to which we are at the same time imparting its arterial properties. This artificial respiration should be persevered in for some time, say an hour at least, before we give up in despair; and if our efforts be successful, we should still persevere until the child is completely revived, and capable of carrying on a full and effective respiration of its own: for the secondary asphyxia which so often comes on, arises, in my opinion, from an efficient respiration not having been established, whence the blood remains in a badly oxygenated state, and does not rouse the nervous system to its full sensibility, but allows it to remain in a condition, so to speak, of not truly appreciating its own want of respiration. I know an instance where the breathing of a child was accidentally interfered with just after birth; and although not to the extent of producing asphyxia, respiration was never properly performed, and the child died after a few hours.

Comparing the weight and size of the lungs of a newborn child to those qualities of adult lungs, the former may be expected to contain nine or ten cubic inches of air. Each cylinder of the instrument before the Society contains an ounce and a half by measure, or somewhat less than three cubic inches; it can consequently be used without the lungs ever being either empty or distended. In the case of a stillborn child, I should recommend that the exhausting syringe be used first to remove any mucus there may be about the fauces; then, since the lungs are empty, a little air may be injected with the other syringe, before beginning with the pistons raised to work the two syringes together.

An accoucheur can scarcely be expected to have an instrument with him at every labor: but it fortunately happens that the danger of asphyxia to the child is frequently foreseen, sometimes before the conclusion of labor; since it may be apprehended in all preternatural presentations, in cases of hemorrhage, in difficult parturition, and from various other causes. The instrument may be useful likewise to perform artificial respiration in poisoning with opium, ardent spirit, or prussic acid, in sudden death from fits in children, and in other cases which will suggest

themselves. The syringes can be separated and used as stomach or enema pumps, with the appropriate pipes that are supplied.

Oxygen gas is sometimes mixed with the air to be thrown into the lungs of asphyxiated persons. I imagine that with a good artificial respiration, such as this instrument will supply, atmospheric air will be sufficient without additional oxygen : if, however, it be deemed advisable, oxygen gas can be generated in great purity, in a few minutes, from chlorate of potash, by means of a spirit-lamp and a small retort, and can be mixed in any quantity with atmospheric air in one of the bags belonging to the instrument. No harm can arise from thus using oxygen, unless it should be continued for some time after recovery.

With respect to electricity, the form of galvanism is the most convenient one in which to apply it ; and there can be no harm in administering slight shocks after these other means have failed. But the chief intention of electricity is to excite the respiratory movements ; and this is fulfilled by an efficient artificial respiration. I believe that oxygenating the blood in the lungs is the most effectual means to restore the action of the heart ; and that it will restore it if that organ retain any irritability, and the blood be not coagulated. The elasticity of the pulmonary arteries will probably enable them to expel a little of the blood with which they are distended through the capillaries, so soon as the re-establishment of the chemical changes will allow it to pass ; and this reaching the left side of the heart, may restore the functions of that organ. As an instance how long the heart may retain its muscular irritability, and the effect of respiration on it, I may mention an observation I made on a Guinea pig which I drowned. It died in two minutes ; and when it had been dead an hour, I opened the chest, and found the right side of the heart distended with blood, the left side not containing much, and the heart was perfectly still. In a little time the surface of the lungs became changed in color, from the air imbibed through the pleura pulmonalis ; and I was surprised to observe a slight vermicular motion in the right auricle. I divided the trachea, and performed artificial respiration, and shortly observed that the ventricles began to move, and that some bright red blood was visible through the coats of the left auricle. Rhythmical contractions of the heart continued for three quarters of an hour, at the rate of twelve in the minute. The contractions, however, were not complete, and the blood was not expelled from the heart. I found, on opening that viscus, that there was coagulated blood in all its cavities.

Physiologists have amused themselves in speculating on the cause of the first respiration ; but doubtless it is the same as of the second and third, and all the succeeding respirations ; namely, a sensation or impression arising from a want of oxygen in the system, and conveyed to the medulla oblongata, either by the blood circulating in it, by the nerves in connection with it, or by both causes. The placenta undoubtedly performs for the foetus the office not only of the lungs, but of all the great excretory organs ; and so long as the placenta performs its functions, the foetus is perfectly at ease and feels no need of respiration ; but whenever this communication between the child and its mother is interrupted, at least in the latter months of pregnancy, the child, as every accoucheur

has experienced, makes convulsive efforts at inspiration, similar to those made by a drowning animal; efforts which would be successful inspirations provided the child were in an element which would be admitted by the glottis. Moreover, I have remarked that even a strong child does not always begin to breathe the minute when it is born; but if the umbilical cord be pressed between the fingers it will instantly draw an inspiration.

It is an interesting question how long a complete interruption of the placental functions may have place in a child at full term, before all signs of life will disappear, and a state of suspended animation be produced. Moralists have often asserted that human beings come into the world in a more puny and helpless condition than any other animals; but in this they are mistaken; for, without including marsupial animals, the young of cats, and all those that are brought forth with their eyes closed, cannot maintain life without artificial heat, which they receive by lying close to the mother: in fact they can scarcely be said to have a proper temperature of their own. A child born at the full term, on the contrary, can maintain its temperature if well protected from cold. Now Dr. Edwards has proved that the necessity of respiration is intimately connected with the power of generating caloric: kittens and puppies will linger for half an hour or more in water at a favorable temperature; but those young that are able to maintain their own warmth do not possess much advantage over adults in their power of resisting asphyxia. But even newborn kittens, in water of the heat of human blood, do not live more than ten minutes; so that a fœtus in the uterus, at a temperature of one hundred degrees, or rather more, must be very soon reduced to a state of complete asphyxia; and the experience of medical men, I believe, pretty well coincides with this conclusion. With a seven-months fœtus it will be somewhat different, as it is more in the condition of those young that require artificial heat. The newborn child, however, from its open foramen ovale, and the great vascularity and sensibility of its skin, probably possesses some advantages over the adult in its capability of being restored from apparent death.—*Lon. Med. Gazette*.

ON THE EUPHORBIA MACULATA.

BY WILLIAM ZOLICKOFFER, M.D., MIDDLEBURG, MD.

SOME years ago, I acquainted the profession, through the medium of the American Journal of the Medical Sciences, with the medicinal virtues of the *Euphorbia hypericifolia*. The fact of the curative powers of that indigenous production, depending on its astringency, consociated with a slight narcotic development, was at variance with the previously conceived opinion of botanists, and the writers on medical botany, that, *all* the species belonging to the genus *Euphorbia* possessed acrid and irritating properties. Willdenow says, "they all abound with an acrid milk." This notion was a mere opinion, which doubtless grew out of the circumstance of all the individuals included in this genus of plants possessing acrid properties, so far as their remedial powers had been ascertained. Subsequent experience

and observation have, however, proved it to be altogether unfounded, and the virtue of the maculata is an additional attestation still further corroborative of the incorrectness of this preconceived erroneous sentiment.

Generic Character.—*Euphorbia* involucrium caliciform, eight to ten toothed, exterior alternate dentures, glanduloid, or petaloid.—*Stamina*, indefinite, twelve or more, rarely less; *filaments* articulated; *receptacle* squamose; *female flower*, solitary stipitate, naked; *capsule*, three grained—Nuttall. The capsule is sometimes smooth, pubescent or warty.

Specific Character.—*Euphorbia maculata*; stem procumbent, spreading flat on the ground, much branched and raisy; leaves opposite, oval or oblong, servulute, oblique at the base, on short petioles, smooth above, hairy and pale beneath; flowers solitary, axillary, much shorter than the leaves. This description given by Torrey, is more accurate than that given by any other writer.

The maculata is an inhabitant of sandy fields which are cultivated annually. It delights in the same kind of soil as the *Euphorbia hypericifolia*, and is generally found growing with this plant. It is an annual production—flowering from the first of July until the last of September. The leaves are not unfrequently stained of a deep brown color. It is from six to twelve inches long; and emits, upon the slightest incision or fracture of any part, a copious milky exudation.

The *Euphorbia maculata* belongs to the class monœcia; the order monadelphia of Michaux, to the class dodecandra, and order trigynia of Linnæus, and to the natural order tricocœ of Linnæus. *Euphorbia* of Jussieu; and *Euphorbiacæ* of Professor Lindley, of the University of London.

In its sensible properties this plant is strikingly analogous to the *hypericifolia*, being partially sweetish, and *astringent* to the taste.

Solubility.—Diluted alcohol and water both extract the active properties of the plant; but the latter is the best menstruum for the solution of its elements of activity, and for its exhibition.

Chemical Composition.—I digested portions of the dried plant in sulphuric ether and alcohol; upon the addition of alcohol to the ethereal solution a whitish precipitate was evident; and by adding distilled water to the alcoholic preparation a pearly turbidness took place in the commixture. The decoction prepared with distilled water threw down a copious precipitate on the addition of a solution of gelatine; and a dark blue color was imparted to a portion of the same decoction, by throwing into it a few drops of a solution of the sulphate of iron. From these results it may readily be inferred that the *Euphorbia maculata* contains caoutchouc—resin—tannin and gallic acid.

Incompatible Substances.—When the infusions and decoctions are exhibited with a view to the production of their remedial effects, the metallic salts into which iron enters as the basis, and the solutions of animal gelatine, should be avoided, from their direct tendency to change the peculiar principle upon which its powers depend, and thereby render it inert.

The astringent properties of the maculata reside in every part of the plant, while the slight narcotic power it possesses is found in the lacteous exudation only.

Medical Use.—The consociate combination of an astringent and narcotic, which is found in every part of the *Euphorbia maculata*, renders it an invaluable remedy in tranquillizing and controlling those morbid conditions of the intestinal canal which give rise to cholera infantum, diarrhœa and dysentery, *particularly* in their *secondary* stages. I have used an infusion of the plant, in the secondary states of diseased action of the maladies under consideration, with as much success as I have frequently witnessed from the exhibition of kino and catechu when administered alone, and in conjunction with opium. In the two latter affections, I have generally used the following prescription:—R. *Euphorbiæ maculatæ foliorum exsicc.*, $\frac{3}{4}$ i. Infunde in octavio aquæ bulientis. Capiat cochlearia magna unaquaque hora donec morbi symptomata cessantur.

The dose of the above preparation is intended for an adult. In cholera infantum, I usually give a teaspoonful of an infusion of the same strength every two or three hours, in the same quantity of water sweetened with loaf sugar. In a variety of morbid discharges from constitutional debility, or arising from relaxation of the affected part, I have found the continued use of the *Euphorbia maculata* for two or three weeks competent to the production of the most excellent effects.—*Amer. Jour. of Med. Sciences.*

CASE OF DISLOCATION OF THE HEAD OF THE THIGH BONE, BACKWARDS OR INTO THE ISCHIATIC NOTCH.

BY F. W. FITTOCK, ESQ., M.R.C.S., ETC., SELLINGE.

GEORGE SOLE, ætat. 55, a short spare man, laborer, in the employ of Mr. Marchant, of Otterpool, in the parish of Lympe, met with the above accident by a fall from a horse, on Thursday, October 7th. After his removal home, and three hours from the time of the accident happening, he was examined by Mr. Fagg, Mr. Le Gros and myself: with but little difficulty, we came to the conclusion that the case was one of dislocation of the head of the thigh bone, backwards, the distinguishing signs being as follows: the hip of the left side was flattened, the trochanter major could not be felt in its natural position, but fully an inch posterior to that and slightly upwards. On rotating the limb, which was done with great difficulty, the head of the bone, although very indistinctly, could be just felt in the situation of the ischiatic notch; the knee was very much inverted and a little flexed; the limb shorter by an inch than the opposite, and the toes resting on the upper surface of the ball of the great toe of the right foot. Every attempt at rotation caused severe pain, the head of the bone appearing as it were locked. After we had placed the patient on a table, and adjusted the pulleys, we gave him tartar emetic, which soon producing its effect, we commenced the extension, and gradually kept it up for an hour and a half, with the assistance of the towel, when, failing in reduction, we determined upon allowing some days to intervene before we made a second trial. Keeping the patient in bed on low diet, no unfavorable symptoms occurred, and the case became more plainly marked than before, for the muscles were so relaxed that the brim of the acetabulum could be defined, and the head of the

bone distinctly felt in the situation of the ischiatic notch ; nine days having now elapsed, I requested the assistance of my friends, Mr. Fagg, Mr. Le Gros and Mr. Tyson. We placed the patient in a warm bath, and allowed him to remain there until he was faint ; when, removing him to the table, and administering the tartar emetic, I adjusted the pulleys, and gave them in charge to Mr. Le Gros ; extension was now gradually kept up for twenty-five minutes, when, with my hand placed over the trochanter, I could feel it advance, and the head of the bone following, appeared to be jerked into the acetabulum. Upon relaxing extension, both legs were found to be of the same length.

Remarks.—The accident in this case occurred from the man's sitting sideways on his master's horse, and being suddenly thrown upon the hip of the right side, the left knee at the same time coming in contact with the ground : a snap was immediately felt by Sole, who supposed his thigh was fractured. The dislocation backwards is commonly described as being detected with difficulty ; in this case, a slight muscular frame and deficient obesity facilitated our examination, and enabled us to ascertain with certainty the nature of the accident ; from first to last, the limb altered not in position, the inversion of the limb was very great, much more so than is given either in the description or the figure in Sir Astley's work ; the patella of the left knee facing the inner side of the right leg. When we accomplished the reduction of the dislocation, our line of extension was the upper third of the sound thigh, and considerably upwards, the patient lying on his right side. The distance between the two fixed points was ten feet ; one of the staples being a foot, the other six feet from the ground. The body of the patient was considerably bent, in order to secure the pelvis more effectually ; and the belt was so adjusted as to be below the anterior superior spinous process of the ilium. A case of the same kind occurred in this neighborhood about nine years ago, which my friend, Mr. Fagg, attended in consultation ; the first attempt at reduction failing ; the second, at the termination of ten days, was successful.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 2, 1842.

HOSPITAL AT CANTON.

It will be recollected that some time since Dr. Colledge, and quite recently the Rev. Peter Parker, M.D., solicited the countenance, and, indirectly, funds, in the Atlantic cities, for the support of a hospital in China, which has been some time in being, but which at the present critical period is closed. The object has met the hearty approbation of philanthropists and capitalists. Aside from all considerations of a merely temporal nature, nearly if not all denominations of Christians have gladly cheered the enterprise with liberal donations, fully believing the physical blessing that would be directly conferred upon the Chinese people, through

the instrumentality of the art of surgery, would eventually open the way for the introduction of Christianity and a higher civilization. The profession in this country, generally, so far as a public expression has been made, has viewed the project of Dr. Parker with favor. But all at once indications are given, from unexpected sources, that this Canton hospital scheme is quite an unworthy object, promising more than it can effect. If, says a writer in one of the daily papers, the British want a hospital, let them establish it themselves. Why should the people of America be troubled about it? Hospitals, almshouses, dispensaries, and unnumbered multitudes of paupers among ourselves, have a higher claim both on the purses and the benevolence of the good people of the United States, than the subjects of his celestial majesty of China, or the British residents of Macao or Canton! Such is the drift of an argument recently set forth. Since it neither contemplates the true nature of Dr. Parker's labors, nor foresees the ultimate advantages accruing to humanity in that part of Asia, the writer is certainly ignorant of the subject on which he attempts to enlighten others.

Medical Lectures in Maine.—Students of medicine are reminded that the lecture term at Brunswick, Me., will commence on Monday, February 14th, which is close at hand.

There is a commendable stability in this school, which in an age of mutations is really delightful to contemplate. Neither internal broils among the professors, nor a restless, envious spirit, that hates what it cannot control, has ever been manifested at that Institution. With a quiet, unobtrusive course of systematic operations, from year to year, the pupil is taught, scientifically, the great and important truths he is to practise; and when in a condition to sustain himself honorably before a legal board of examiners, a diploma is conferred that will command respect in any country where such distinctions are acknowledged to be the evidence of professional qualifications.

New-York Lancet.—Although this new candidate for public favor has been some weeks in existence, the numbers have but recently been received at this office, and therefore we have hardly yet had an opportunity of reading them. In the mechanical execution, there is neatness and a good arrangement of the materials. The type is very plain, and the paper desirably firm. At present, the articles are placed in double columns, which gives a finished appearance to the page; but this mode of constructing pages has been pretty much abandoned by the medical journals in this country, mostly because, when bound, the essential parts of the journal become a library book, and its pages are altogether more convenient for being like those of an ordinary book. This, after all, is a mere matter of individual taste, and has no more to do with the merits of a periodical, than with the volcanoes of the moon. The editor is J. A. Houston, M.D., who certainly gives abundant evidence of an active mind, and we doubt not that time will show him to be a bright star in the western medical hemisphere. Being disposed to live harmoniously with all mankind, preferring peace to war, and the social courtesies of life to a wrangling, fault-finding acquaintance, we congratulate all new comers upon their prospects of success, and cordially proffer our services to pro-note their laudable undertakings.

Ohio Lunatic Asylum.—From the last annual report, for which we are indebted to Dr. Miller, of Mansfield, Ohio, we learn that the number of patients admitted the past year, ending November 15, was 85—males 48, females 37; old cases 42, recent cases (less duration than one year) 43. Average number in the Asylum the present year, 143. Per cent. of deaths the present year, 9.79. Proportion of deaths the present year, 1 of 10.21. Per cent. of deaths upon the average number for three years, 10.65. Number discharged the present year, 81—recovered 44, improved 5, incurable 18, died 14. Number of old cases discharged the present year, 42—recovered 10, incurable 22, died 10. Number of recent cases discharged the present year, 39—recovered 34, incurable 1, died 4. Per cent. of recoveries on all the cases discharged the present year, 54.32. Per cent. of recoveries on the old cases discharged the present year, including 18 discharged by the directors for want of room, 23.80. Per cent. of recoveries on the recent cases discharged the present year, 87.17. Present number in the Asylum, 142—males 74, females 68. Old cases 119, recent do. 23.

"The Institution," says Dr. Awl, the Superintendent, "has continued to be crowded by patients; and, amidst all its favorable results and blessings, it is still matter of sincere and painful regret, that we are compelled, for want of room, to deny its comforts and privileges to so many unfortunate and afflicted citizens in the different counties of the State.

"Over one hundred formal and informal applications for admission from our own people, have, on this account, been refused during the past year; and, of those received, we have in most cases been compelled to postpone their admission for six, nine, and even twelve months after date. This, by depriving us, in many instances, of the recent and curable cases as they have occurred, has had a very important and unfavorable influence upon our success, and is the chief reason why the actual number of recoveries is less than was reported last year."

"It may here be appropriately remarked, that the favorable results of this Institution are calculated to strengthen and enforce the opinion now very generally entertained that mental derangement is strictly and entirely a physical disease, and that its immediate cause is the direct obstruction or impairment of one or more organs or tissues of animal life. 'The whole head *may* be sick, and the whole heart faint,' but the immortal spirit itself can neither waste with corruptible flesh, nor be stricken in years. It is equally clear that, when properly understood, insanity is as capable of being cured, in its early stages, as any other disease of the same force to which our nature is exposed. The experience of this Institution, also, demonstrates its value and blessing to the large and unhappy portion, which time and disease have rendered incurable; and we hope we may venture to add, that its reputation and prosperity strongly appeal to the wisdom and liberality of an enlightened public for the continued means of support."

Drunkard's Retreat.—E. G. Wheeler, M.D., has accepted the appointment of Overseer and Physician to the Delevan Institute, an establishment lately organized at Bergen Heights, New Jersey. The object of this Institution is a philanthropic one, being principally and originally to reclaim the drunkard, and bring him to be what man *should be*. Fifty individuals from this class have already entered the Asylum, and are soberly and steadily pursuing the labor of their different trades. The building

will accommodate from two to three hundred. The appointment of Dr. W. is a good one, and we wish him and the Institution every possible success.

Colonial Physician of Liberia.—On looking over late despatches to the Colonization Society, at Washington, announcing the very afflicting intelligence of the sudden death of Gov. Buchanan, of Liberia, for whom the friends of humanity everywhere will mourn, the letter of Lawrence Day, M.D., who holds the office of Colonial Physician, was noticed as remarkable for the beauty of the language, its elevated sentiments and Christian humility. Although we know nothing of Dr. D. beyond this one specimen of his mind, it is evident that the Colony has in its service a physician who would take rank in any part of the world. With such opportunities as are continually presenting, he would confer a great favor on the commercial part of mankind, by giving a medical history of that part of Africa where he resides. Death sweeps off such a multitude of emigrants that seamen are afraid of Liberia.

Medical Institution of Yale College.—The Committee for the examination of candidates for degrees and licenses, convened in the Medical College on the 19th inst. and continued in session three days. Present, on the part of the Medical Society. Elijah Middlebrook, M.D., President; Dyar T. Brainard, M.D. and Archibald Welch, M.D.; and on the part of Yale College, Professors Silliman, Ives, Knight, Beers and Hooker. Nineteen candidates, after reading their dissertations, and passing a satisfactory examination, were admitted to the degree of Doctor in Medicine, viz. :—

David Fisher Atwater, A.B., New York, on *Syphilis*. Eli Whitney Blake, A.B., New Haven, on *Amaurosis*. Horace Burr, Haddam, on *Investigation and Discrimination in the Practice of Medicine*. Otis Cooper, North Kingston, R. I., on *Uterine Hemorrhage*. Philo Nichols Curtis, Newtown, on *Intermittent Fever*. Wm. Mark Curtiss, Trumbull, on *The Injurious Effects of Stimulating Diet*. Joel Fuller Erving, Hartford, on *Insanity*. Alonzo Fuller, Lebanon, on *The Powers of Medicinal Agents*. Samuel Brown Fuller, Hartford, on *Scarlatina*. Wm. Henry Goode, Powhatan Co., Va., on *Arsenious Acid*. Edwin Everett Gordon, New Haven, on *Colic*. Ashbel Bradford Haile, A.M., Gouverneur, N. Y., on *The Causes of Disease*. Roswell Hawley, Farmington, on *Diagnosis*. Jacob Thompson Hotchkiss, A.B., Canandaigua, N. Y., on *Phlegmonous and Erysipelatous Inflammation*. John Tyler Lillibridge, New York, on *Iodine*. Edward Phelps Lyman, Warren, on *Empiricism*. Fenner Harris Peckham, Killingly, on *Counter-Irritation*. James Davenport Whelpley, A.B., New Haven, on *The Unity of the Organic System*. Levi Dibble Wilcoxson, A.B., New Haven, on *Phthisis*.

Earl Swift, M.D., of Mansfield, being prevented by an accidental injury from attending the examination, his appointment to give the Annual Address to the candidates was continued to January, 1843; and Archibald Welch, M.D., of Wethersfield, was appointed his substitute.

On the Repeated Application of one or two Leeches to the Knee in Dysmenorrhœa. By M. TROUSSEAU.—In three hospital patients under the

care of M. Trousseau the catamenia have followed the application of a leech to the internal surface of the knee. In one case a leech was applied to the right knee; while it held on the patient experienced nothing particular, but as soon as it fell off pains in the loins came on, which lasted almost an hour, and the discharge then appeared. The next day it was arrested again, and a leech was applied to the left knee; and the discharge appeared as before, and continued as usual during three days. In another case the pains of uterine congestion commenced with the application of the leech, which adhered during an hour. The effect produced by one leech is not wonderful, says M. Trousseau, because if the bleeding is allowed to continue, as large a quantity of blood flows as the ordinary amount of menstrual discharge.—*British and Foreign Med. Review, from Bull. Gén. de Thérapeutique.*

Case of Hepato-pleuro-bronchial Fistula. By M. PELLETAN.—At the sitting of the Royal Academy of Medicine, March 23, 1841, M. Pelletan presented the lung, pleura and liver of a man who died under his care in the Hospital of St. Louis. Some time before the death of this patient, he began to expectorate a yellow matter, which had some resemblance to bile, but accident prevented it from being analyzed. On post-mortem examination it was found that an abscess had broken through the whole thickness of the right lobe of the liver and the diaphragm, and communicated with the pleura which formed a pouch at this situation. The neighboring portion of lung was condensed, and a fistulous canal passed through the pulmonary substance and communicated with the bronchial tubes.—*Ibid., from Gaz. Méd. de Paris.*

On the curative Influence of Galvanism in some Organic Diseases of the Eye. By Drs. LERCHE and KABAT.—In the last No. some account was given of this mode of treatment: the two papers before us contain notices of seven more cases of cataract in which it has been tried. The result appears on the whole unsatisfactory. The common effect of the electro-galvanic action is to produce during the operation considerable pain, and subsequently severe and sometimes very obstinate inflammation of all the tissues of the eye. In the course of this the cataract has been partially absorbed, and the sight in a measure improved; but the attainment of these, the most favorable of its results, cannot be relied on, and in some of the cases the operation manifestly did harm. Dr. Lerche's conclusion, which is of course drawn with some partiality for the plan, is, "that it is an important remedy in some organic diseases of the eye, but that its application requires great caution, and must be confined to those cases of cataract in which a favorable result is scarcely to be hoped for from the common modes of operation. *Ibid., from Medicinische Zeitung.*

On the Occurrence of Urea in the Blood. By J. F. SIMON.—The author has never failed to find urea in the blood of those who have died with the granular degeneration of the kidneys. In the blood also of a woman who died with all the signs of cholera, he found a very large quantity; one sufficient for him to obtain crystals of pure urea in very long quadrilateral prisms visible even to the naked eye. This same

blood contained a remarkable quantity of biliverdine and biline, so that its taste was strongly bitter. He has lately determined that healthy blood contains a very small quantity of urea; from about sixteen pounds of calf's blood treated by a lengthened, but apparently very accurate process, he obtained distinct crystals of nitrate of urea, but not a trace of biliary matter.—*Ibid.*, from *Muller's Archiv*.

Medical Meeting.—At 11 o'clock, this morning, the Counsellors of the Massachusetts Medical Society will hold a meeting at the Masonic Temple. Those residing in the city, belonging to the Board, can hardly have an excuse for not being punctually at the room. A good representation from the country is looked for, since the facilities for travelling in Massachusetts are so great.

Medical Miscellany.—Surgeon G. W. Codwise, of the Navy, is ordered to New Bedford, Mass.—Martha Mills died at Newcastle, Del., a short time ago, at the age of 109—having had five husbands in the course of her life, but no children.—A peculiar disease is represented to have attacked the dogs in the neighborhood of Fayetteville, N. C. The animals bitten, die, but hydrophobia is not produced.—Dr. Dean lectured last week at Greenfield, Mass., on Palæontology, before the Lyceum.—The injunction in regard to the publication of Dr. Mott's lectures is removed. If a man lectures for hire, those who pay for what they hear, have as much right to publish it, as to practise upon the precepts the lecturer inculcates.—Dr. John Delamater, L. Green, and J. R. Brown, are associated in the organization of a private medical school at the village of Little Falls, Herkimer Co., N. Y. They are men of character and scientific attainments, and therefore competent to sustain any enterprise of this kind.—Dr. Anson Jones, formerly of the United States, is Secretary of State in Texas.—John Redman Coxe, M.D., of Philadelphia, has written a learned pamphlet on the singular properties of the *agaricus atramentarius*, accompanied with lithographic plates.—The professors of medical schools at the North do not wear gowns, while lecturing in their respective chairs. The gentleman who would be gratified to have them do so, as at the South, might possibly bring about the fashion by sending each one of the learned faculty the article which he thinks gives such external dignity of appearance.—The excess of females over males, in Great Britain, amounts to nearly half a million. There are probably more females than males in the United States. In Massachusetts there is an excess of females amounting to several thousands.—An amusing argument grew out of a proposition at Wakefield, England, lately, to address the queen and her husband, on an auspicious event. Dr. Slatter thought there was danger in child-birth; but Dr. Cabel Crowther said there was not. So the matter came nigh being decided by a popular vote of a meeting of the citizens; at length the latter gentleman gave way to the obstinacy of senior medical experience.

Number of deaths in Boston for the week ending Jan. 29, 55.—Males, 38; Females, 17. Stillborn, 1.—Consumption, 8—fits, 3—erysipelas, 2—teething, 1—lung fever, 8—croup, 5—inflammation of the lungs, 1—scarlet fever, 4—burn, 1—child-bed, 2—infantile, 5—dropsy in the chest, 1—disease of the brain, 1—tumor, 1—typhus fever, 2—canker rash, 1—drowned, 1—dropsy on the brain, 1—pleurisy, 2—inflammation of the bowels, 1—hooping cough, 1—old age, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of this Society at their room, Masonic Temple on Wednesday, the second day of February, at 11 o'clock, A. M. **GEORGE W. OTIS, JR.**
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Chelsea, September, 1841.

Sep.8—eoptf.

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THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by **HENRY H. CHILDS, M.D.**

Medical Jurisprudence, by **HON. JACOB COLLAMER, A.M.**

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Woodstock, January 1st, 1842.

Jan. 5.—3m

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